

5. Other relevant datasets

Road traffic accidents

Severity type and area of residence: 1994 and 2002

The number and proportion of road traffic accidents that occurred in South Australia in 1994 and 2002, is shown below by severity and area of usual residence of the driver (Table 5.1). In 1994, drivers involved in the majority (83.7%) of road traffic accidents had an address of usual residence in Adelaide. Most of these accidents resulted in property damage only (PDO), with 57.2% resulting in PDO of less than \$3,000, and a further 27.8% resulting in PDO of \$3,000 or more. The remaining 15.0% of accidents resulted in treatment, of the driver or others injured in the accident, by a private doctor or at a hospital, or admission to hospital. A small proportion (0.2%) of accidents resulted in fatalities.

In country South Australia, the pattern was similar, with most traffic accidents resulting in PDO, either of less than \$3,000 (44.4%) or \$3,000 or more (31.5%). The percentage of the injured who were treated in hospital (11.1%) or admitted to hospital (8.0%), or were fatalities (1.2%), were substantially higher in country South Australia than in Adelaide. In addition to reflecting the greater severity of accidents, the higher rates of admission to hospital may reflect differences in resources in country areas, where the supply of general medical practitioners is more limited, and hospital beds are more available than in the city.

In 2002, more road traffic accidents occurred than in 1994, in both Adelaide (3.7% higher) and in country South Australia (0.9% higher). In Adelaide, the majority of accidents (48.7%) resulted in PDO of less than \$3,000, followed by accidents resulting in PDO of \$3,000 or more (33.7%). The number and proportion of accidents resulting in treatment by a private doctor and treatment at hospital has increased since 1994; however, the number and proportions for admissions to hospital and fatalities were both lower.

In country South Australia, 37.5% of accidents resulted in PDO of less than \$3,000, a smaller proportion than in 1994, and accidents resulting in PDO of \$3,000 or more, increased to 37.0%. The number and proportion treated by a private doctor (3.0%) were less than in 1994; however, there were increases in the number and proportion of fatalities, as well as in those treated at hospital (12.5%) or admitted to hospital (8.7%).

Table 5.1: Road traffic accidents by severity type and area, 1994 and 2002

Severity type	Adelaide		Country South Australia		South Australia	
	Number	Per cent	Number	Per cent	Number	Per cent
1994						
PDO <\$3,000	18,467	57.2	2,913	44.4	21,380	55.1
PDO \$3,000+	8,967	27.8	2,071	31.5	11,038	28.4
Treated by private doctor	1,925	6.0	243	3.7	2,168	5.6
Treated at hospital	2,180	6.8	732	11.1	2,912	7.5
Admitted to hospital	657	2.0	528	8.0	1,185	3.1
Fatal	65	0.2	80	1.2	145	0.4
Total	32,261	100.0	6,567	100.0	38,828	100.0
2002						
PDO <\$3,000	16,308	48.7	2,486	37.5	18,794	46.9
PDO \$3,000+	11,278	33.7	2,449	37.0	13,727	34.2
Treated by private doctor	2,318	6.9	196	3.0	2,514	6.3
Treated at hospital	2,906	8.7	830	12.5	3,736	9.3
Admitted to hospital	621	1.9	578	8.7	1,199	3.0
Fatal	50	0.1	88	1.3	138	0.3
Total	33,481	100.0	6,627	100.0	40,108	100.0

PDO: property damage only

Note: the PDO coding threshold in 1994 was >\$600 (equivalent to \$867 in 2002 prices). In 2002 it was \$1000+.

Overall, the rate of road traffic accidents were 84% higher in Adelaide compared to country South Australia (Table 5.2). The greatest differences were recorded for accidents in which the individual was treated by a doctor (more than four times higher in Adelaide) and where the property damage was less than \$3,000 (more than double in Adelaide). In contrast, accidents in which the individual was admitted to hospital and fatal accidents were higher in country South Australia.

Table 5.2: Road traffic accidents by severity type and area, 2002

Severity type	Adelaide		Country South Australia		South Australia		Adelaide/ country SA ratio
	Number	Rate	Number	Rate	Number	Rate	
PDO <\$3,000	16,308	1,463.5	2,486	612.4	18,794	1,236.3	2.39
PDO \$3,000+	11,278	1,012.1	2,449	603.3	13,727	902.9	1.68
Treated by private doctor	2,318	208.0	196	48.3	2,514	165.4	4.31
Treated at hospital	2,906	260.8	830	204.5	3,736	245.8	1.28
Admitted to hospital	621	55.7	578	142.4	1,199	78.9	0.39
Fatal	50	4.5	88	21.7	138	9.1	0.21
Total	33,481	3,004.7	6,627	1,632.4	40,108	2,638.3	1.84

PDO: property damage only

The number of individuals involved in a road traffic accident in 1994 and 2002 are shown by severity type in Table 5.3. The proportion of individuals treated at hospital increased over the period, from 45.1% in 1992 to 48.9% in 2002. The proportion of individuals admitted to hospital and those involved in a fatal accident decreased, while individuals treated by a private doctor remained consistent. In 2002, just under half of drivers involved in a road traffic accident were treated at hospital (48.3%), while just over a third were treated by a private doctor (37.0%).

Table 5.3: Individuals and drivers involved in road traffic accidents involving injury, by severity type, 1994 and 2002

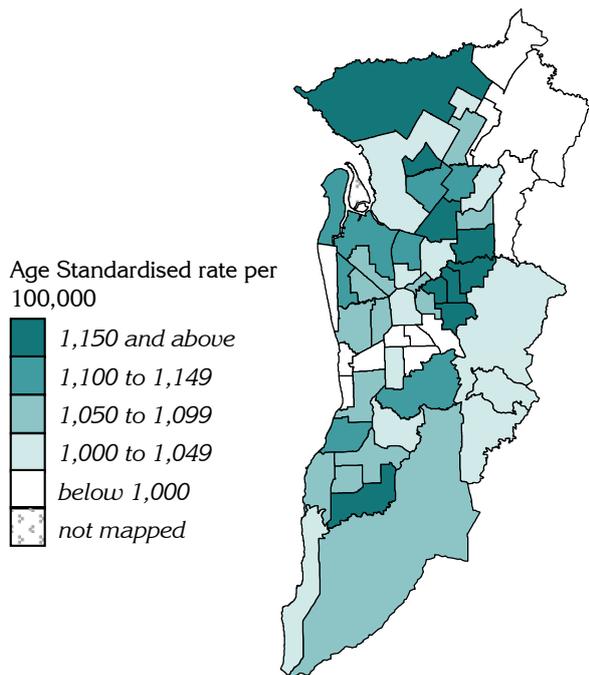
Severity type	1994		2002			
	Individuals		Individuals		Drivers	
	number	per cent	number	per cent	number	per cent
Treated by private doctor	4,460	36.9	5,216	36.2	5,138	37.0
Treated at hospital	5,452	45.1	7,049	48.9	6,717	48.3
Admitted to hospital	1,931	16.0	1,930	13.4	1,835	13.2
Fatal	244	2.0	220	1.5	206	1.5
Total	12,087	100.0	14,415	100.0	13,896	100.0

Residential location of driver

Map 5.1 shows the distribution of drivers involved in road traffic accidents in 2002, mapped to the SLA of the address of their usual residence. The highest rates (drivers involved in road traffic accidents per 100,000 population) were from a group of SLAs in the eastern and north-eastern suburbs, running from Burnside - North-East, through Norwood Payneham St Peters - East, Campbelltown - West, and Tea Tree Gully - South, to Salisbury - South-East and - Inner-North, and in Playford - West; high rates were also recorded in Onkaparinga - Hackham. The lowest rates were recorded in the SLAs of Tea Tree Gully - Hills, Holdfast Bay, Charles Sturt - Coastal, Marion - North, Unley, Mitcham - North East, Burnside - South-West, Gawler and Playford - East Central and - Hills. The relatively low rates in the Playford SLAs of Elizabeth and West Central are consistent with the low rates of vehicle ownership in these areas (see Map 2.13).

In country South Australia, areas with the highest rates were mainly located near the metropolitan area: they were Mount Barker (Central and Balance), Murray Bridge, Adelaide Hills - North, Barossa - Barossa, Mallala, Yankalilla, and Alexandrina - Coastal (Map 5.2). The more remote areas of the State, as well as a number of country towns, were among areas with the lowest rates: they included Wattle Range - West, Renmark Paringa - Paringa, Kangaroo Island, Unincorporated Far North, Flinders Ranges, Northern Areas, Streaky Bay, Tumby Bay, Port Augusta, Peterborough and Roxby Downs.

Map 5.1: Drivers involved in road traffic accidents, Adelaide, 2002



Map 5.2: Drivers involved in road traffic accidents, South Australia, 2002

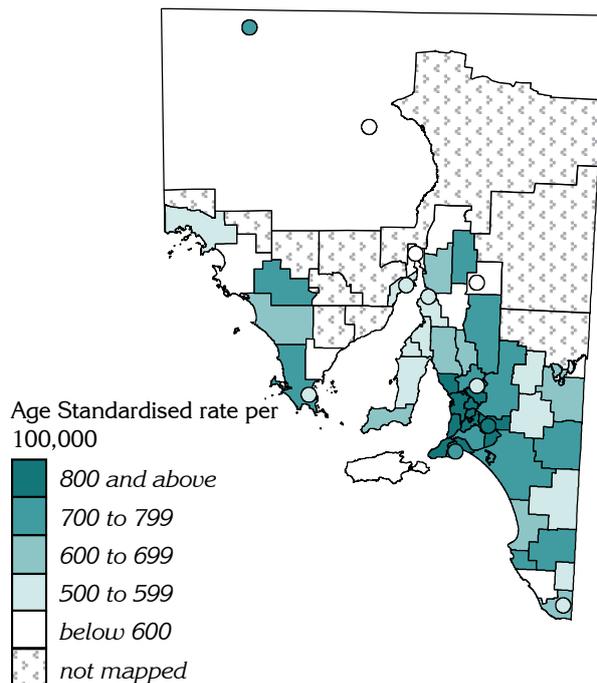
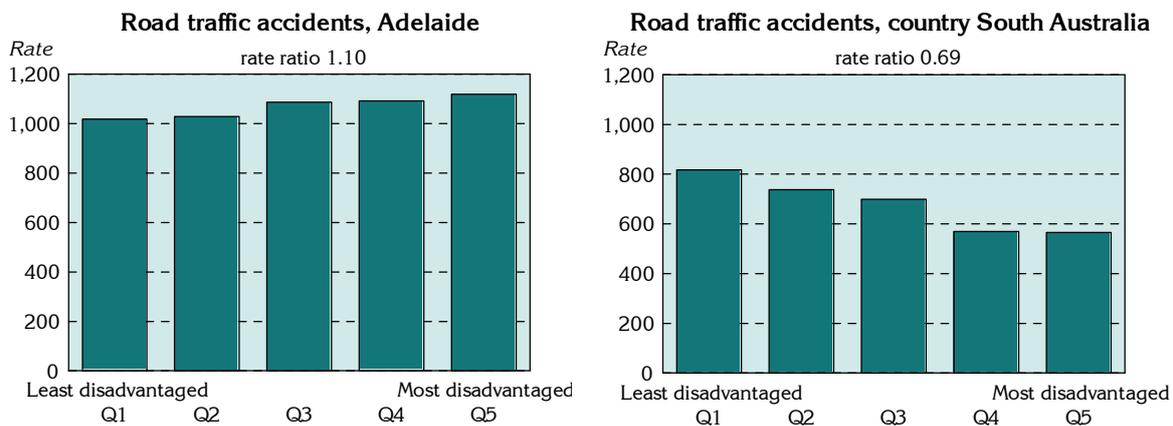


Figure 5.1 shows the rate of drivers involved in road traffic accidents by socioeconomic status. In Adelaide, there was a slightly (10%) higher rate of drivers from the most disadvantaged areas (Quintile 5), when compared with the least disadvantaged areas (Quintile 1), involved in accidents. In country South Australia, the reverse was the case, with a markedly lower rate of drivers involved in accidents in the least disadvantaged areas (31% lower, a rate ratio of 0.69).

Figure 5.1: Drivers involved in road traffic accidents, South Australia, 2002



Rate ratio is the ratio of the rate in Quintile 5 to Quintile 1

Hospital inpatient data by compensation type

Information on admissions to public acute and private hospitals in South Australia by 'source of funding', provided by the Department of Health SA, is shown in Table 5.4. The major sources of funding are Australian Health Care Agreements and private health insurance, which together accounting for 91.5% of compensation admissions. There were 9,044 hospital admissions funded under compensation schemes in 2003/04, representing 1.6% of all admissions. Although the small number of admissions covered by workers' compensation accounted for three times the level of admissions for motor vehicle third party personal claims, both types of admission accounted for similar proportions of bed days, reflecting the longer hospital stays of those involved in motor vehicle accidents.

Table 5.4: Hospital admissions and bed days by compensation type, South Australia, 2003/04

Source of funding	Hospital admissions			Bed days		
	No.	Rate ¹	%	No.	Rate ¹	%
Workers' compensation ²	6,738	441.2	1.2	17,817	1,166.7	0.9
Motor vehicle third party personal (CTP) claim	2,113	138.4	0.4	14,397	942.7	0.7
Other compensation ³	193	12.6	0.0	524	34.3	0.0
Total compensable	9,044	592.2	1.6	32,738	2,143.7	1.6
Other sources ⁴	564,659	37,567.0	98.4	2,017,738	132,124.7	98.4
Total	573,703	36,974.8	100.0	2,050,476	134,268.4	100.0

¹Age standardised rate per 100,000 population

²Includes all admissions to South Australian hospitals under workers' compensation claims, not just claims managed by WorkCover .

³Includes public liability, common law, medical negligence, Seamen's compensation, etc.

⁴Includes funding under Australian Health Care Agreements, private health insurance, Department of Veterans' Affairs, self-funded and other sources

The main categories of external causes for hospital admissions under workers' compensation (Table 5.6) were accidents, with exposure to mechanical force (9.7%), other external causes of accidental injury (7.8%), falls (3.5%) and transport accidents (2.1%) being the main types of accident. Complications of medical and surgical care (4.8%) and sequelae and supplementary factors (4.5%) were the next main external causes. Notably, almost two thirds (64.9%) of the external causes were 'Unknown' for hospital admission under workers' compensation.

Table 5.5: Hospital admissions by compensation type and external cause, South Australia, 2003/04

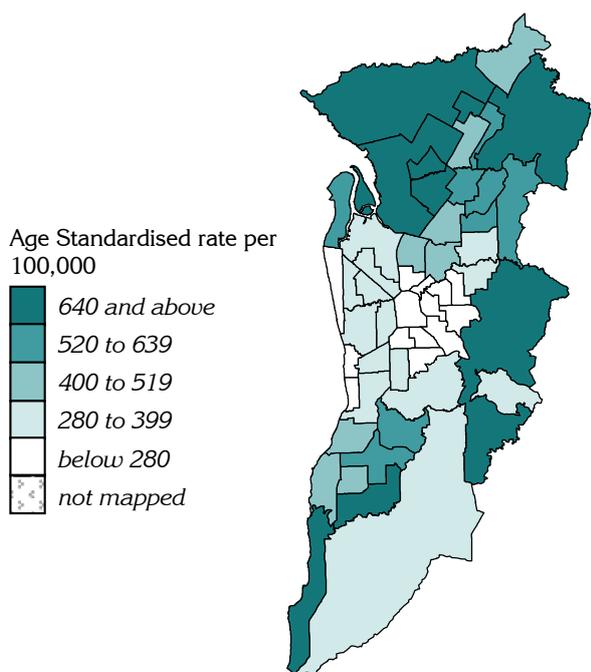
External cause	Workers' compensation		Motor vehicle third party personal claim		Other compensation	
	no.	%	no.	%	no.	%
Accidents						
Transport accidents	144	2.1	1503	71.1	19	9.8
Falls	235	3.5	4	0.2	11	5.7
Exposure to mechanical forces	655	9.7	4	0.2	6	3.1
Accidental drowning and submersion	1	0.0	0	0.0	0	0.0
Other accidental threats to breathing	2	0.0	0	0.0	0	0.0
Exposure to electric current, radiation and extreme ambient air temperature and pressure	14	0.2	0	0.0	0	0.0
Exposure to smoke, fire and flames	62	0.9	1	0.0	0	0.0
Exposure to venomous animals and plants	22	0.3	2	0.1	0	0.0
Accidental poisoning	59	0.9	5	0.2	0	0.0
Complications of medical and surgical care	324	4.8	54	2.6	7	3.6
Sequelae and supplementary factors	300	4.5	147	7.0	29	15.0
Other external causes of accidental injuries	523	7.8	9	0.4	7	3.6
Other	24	0.4	6	0.3	1	0.5
Unknown	4,373	64.9	378	17.9	113	58.5
Total	6,738	100.0	2,113	100.0	193	100.0

For motor vehicle third party personal (CTP) claims, the main external cause was also accidents, namely transport accidents (71.1%). Sequelae and supplementary factors (7.0%) and complications of medical and surgical care (2.6%) were the next main external causes of hospital admissions. Almost a fifth of hospital admissions were for 'Unknown' external cause under motor vehicle third party personal claims.

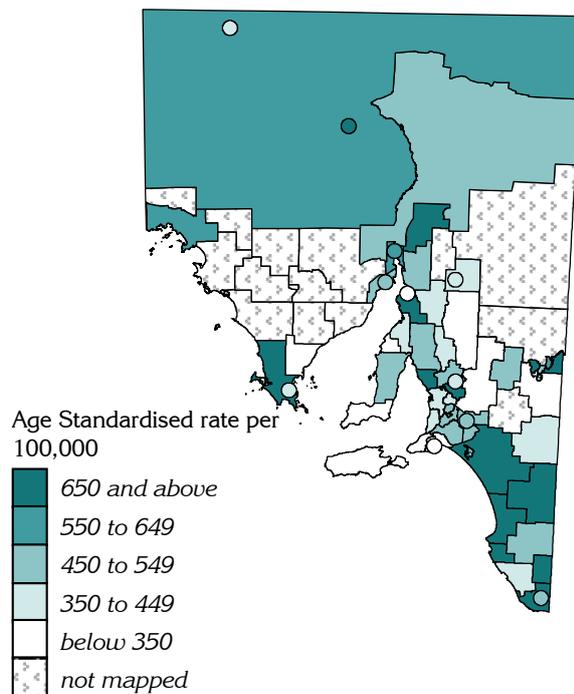
The main category of external cause of hospital admission for the 'Other' compensation types was again accidents, with transport accidents (9.8%), falls (5.7%), other causes of external injury (3.6%) and exposure to mechanical force (3.1%) being the main types of accidents. Sequelae and supplementary factors (15.0%) and complications of medical and surgical care (3.6%) were the next main categories of external cause for hospital admissions under 'Other' compensation, while over half (58.5%) of hospital admissions for all external causes under this compensation type were 'Unknown'.

The geographic distribution of people whose admission to hospital was under a motor vehicle third party personal claim (Map 5.3) has elements of the socioeconomic pattern seen in many of the maps in Chapter 2, with the highest rates generally in outer northern and southern SLAs, and the lowest rates in and around the city to the east, north-east and south-east, and along the beachfront. There are, however, notable differences, with low rates in some disadvantaged areas which are characterised by low rates of car ownership (see Map 2.13), most notably in Playford - Elizabeth and Port Adelaide Enfield - Port.

Map 5.3: Hospital admissions covered by workers' compensation, Adelaide, 2003/04

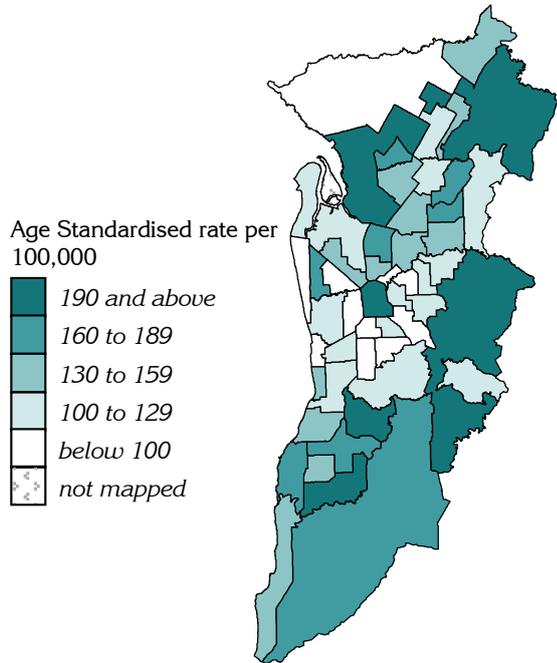


Map 5.4: Hospital admissions covered by workers' compensation, South Australia, 2003/04

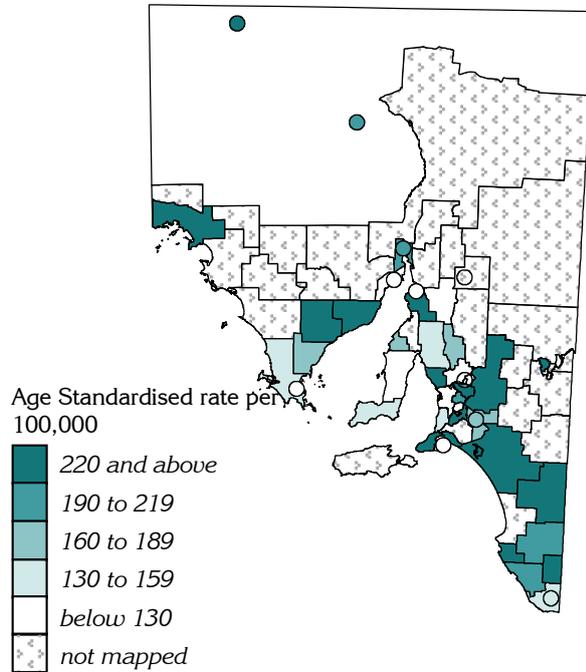


There was a less consistent pattern for hospital admissions covered by a motor vehicle third party personal (CTP) claim, with the highest rates recorded for residents in a small number of SLAs in the outer north, outer east and outer south, as well as in the City of Adelaide (Map 5.5). Again, the relatively low rates in Playford - Elizabeth are consistent with low rates of vehicle ownership (see Map 2.13).

Map 5.5: Hospital admissions covered by a motor vehicle third party personal (CTP) claim, Adelaide, 2003/04



Map 5.6: Hospital admissions covered by a motor vehicle third party personal (CTP) claim, South Australia, 2003/04



Deaths by external cause

Details of deaths from external causes in South Australia between 1999 and 2002 are shown below in Table 5.6: deaths from these external causes accounted for one fifth (20.4%) of all deaths over this period.

Motor vehicle accidents accounted for 26.1% of deaths from all external causes (and 97% (633) of the 653 transport accident deaths). Deaths of occupants of cars accounted for over half (58.0%) of the 379 transport accident deaths, or 15.6% of deaths from all external causes, with a further 4.4% of all causes deaths being of pedestrians (106), and motor cycle riders accounting for 3.0% (72).

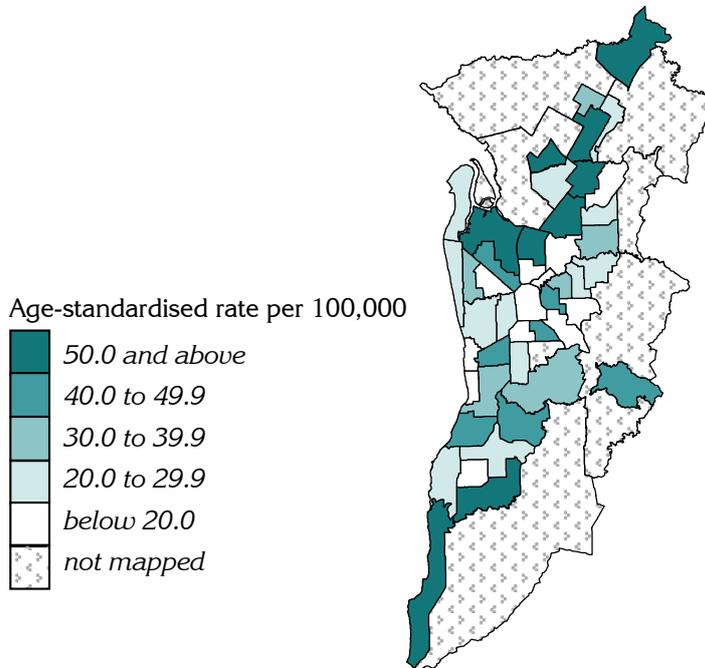
It is not possible to separately identify workplace related deaths from the deaths data from ABS.

Table 5.6: Deaths from external causes, South Australia, 1999-2002

Major external cause	Persons		Males		Females	
	No.	%	No.	%	No.	%
Transport accidents	653	27.0	474	28.6	179	23.4
Pedestrian injured in transport accident	106	4.4	69	4.2	37	4.8
Pedal cyclist injured in transport accident	12	0.5	10	0.6	2	0.3
Motorcycle rider injured in transport accident	72	3.0	68	4.1	4	0.5
Car occupant injured in transport accident	379	15.6	255	15.4	124	16.2
Occupant of pick-up truck or van injured in transport accident	10	0.4	8	0.5	2	0.3
Occupant of heavy transport vehicle injured in transport accident	24	1.0	22	1.3	2	0.3
Bus occupant injured in transport accident	4	0.2	3	0.2	1	0.1
Other land transport accidents	26	1.1	22	1.3	4	0.5
Motor vehicle traffic accidents	633	26.1	457	27.6	176	23.0
Water transport accidents	6	0.2	6	0.4	0	0.0
Air and space transport accidents	14	0.6	11	0.7	3	0.4
Other external causes of accidental injuries	804	33.2	452	27.3	352	46.0
Falls	110	4.5	58	3.5	52	6.8
Exposure to inanimate mechanical forces	43	1.8	35	2.1	8	1.0
Exposure to animate mechanical forces	4	0.2	4	0.2	0	0.0
Accidental drowning and submersion	48	2.0	40	2.4	8	1.0
Other accidental threats to breathing	81	3.3	49	3.0	32	4.2
Exposure to electrical current, radiation and extreme ambient air temperature and pressure	16	0.7	16	1.0	0	0.0
Exposure to smoke, fire and flames	38	1.6	19	1.1	19	2.5
Contact with heat and hot substances	1	0.0	0	0.0	1	0.1
Contact with venomous animals and plants	3	0.1	3	0.2	0	0.0
Exposure to forces of nature	9	0.4	4	0.2	5	0.7
Accidental poisoning by and exposure to noxious substances	193	8.0	132	8.0	61	8.0
Overexertion, travel and privation	3	0.1	3	0.2	0	0.0
Accidental exposure to other and unspecified factors	255	10.5	89	5.4	166	21.7
Other external causes of mortality	888	36.7	692	41.8	196	25.6
Intentional self-harm	764	31.5	616	37.2	148	19.3
Assault	87	3.6	57	3.4	30	3.9
Event of undetermined intent	35	1.4	17	1.0	18	2.3
Legal intervention and operations of war	2	0.1	2	0.1	0	0.0
Other	77	3.2	38	2.3	39	5.1
Total: external causes	2,422	100.0	1,656	100.0	766	100.0
Total: all causes	11,892	..	6,023	..	5,869	..

The highest rate of deaths from motor vehicle traffic accidents in Adelaide over the four years 1999 to 2002 (Map 5.7) occurred in Gawler; Playford – Elizabeth; Salisbury - Inner North, - North-East and - South-East; Port Adelaide Enfield - Port and - Inner; and Onkaparinga - Hackham and - South Coast. SLAs with the lowest rates of death from motor vehicle accidents were Tea Tree Gully - North, Adelaide, Prospect, Port Adelaide Enfield - East, Burnside - North-East and - South-West, Unley - West, Charles Sturt - Inner East, Holdfast Bay - North and - South and Onkaparinga - Morphett.

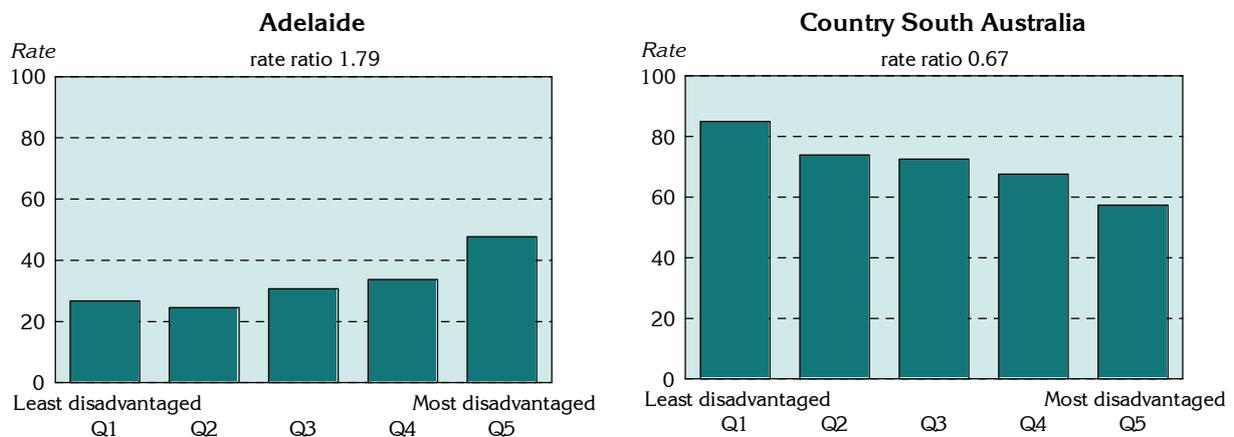
Map 5.7: Deaths from motor vehicle traffic accidents, Adelaide, 1999-2002



The numbers of deaths from these causes at the SLA level in country South Australia were too small to map.

Figure 5.2 shows the rates of death from motor vehicle traffic accidents by socioeconomic status of area in Adelaide and country South Australia. In Adelaide, deaths from a motor vehicle accident were substantially higher for people in the most disadvantaged areas (a rate ratio of 1.79). Conversely, in country South Australia, deaths resulting from motor vehicle accidents were markedly lower among the most disadvantaged (33% lower, a rate ratio of 0.67).

Figure 5.2: Deaths from motor vehicle traffic accidents, by socioeconomic status, 1999-2002



Health and welfare workforce estimates

The following information, drawn from the 2001 ABS Census, allocates people working in the occupations listed in the table, to the Health Region in which they worked on Census day - thus, it provides a snapshot of the region's workforce on 6 August 2001. This 'proxy' measure of the workforce has flaws; in particular, it misses people who work part-time (on other days of the week), and cannot provide an accurate assessment of the full-time equivalent workforce. However, it is the best available measure when an overview of a wide range of occupations is required and, at a broad level of occupation and geography, it provides a useful indication of the supply of people in health and welfare occupations.

The summary data in Table 5.7 is presented to highlight variations in the workforce between each region/sub-region in Adelaide and the State rate for each occupation per 1,000 population: the figure of -47.6 in the cell for general medical practitioners (GPs) in the Northern Sub-region of the Central Northern Region indicates that there are 47.6% fewer GPs per 1,000 population in this sub-region than across the State as a whole; the figure of 241.8 for specialist medical practitioners shows there are 242% (or 3.4 times) fewer people in these occupations in the sub-region than in the State as a whole. The full data, showing the number and rate for each occupation, are in Appendix Table A3.

The Northern and Western Sub-regions of the Central Northern Adelaide Health Service Region and Central Southern Region all have deficits of workers across the majority of occupations (with the largest deficits, in almost all cases, in Northern Sub-region); the reverse is the case in Central East Sub-region, with rates of provision well above the State average for all occupations other than Aboriginal and Torres Strait Islander health workers.

Table 5.7: Occupation by Health Region in which worked, Adelaide, 6 August 2001
Percentage variation in occupations per 1,000 population in the region compared with the State rate

Occupation	Central Northern				Central Southern	Metropolitan Adelaide
	Northern	Western	Central East	Total		
Medical practitioners	-85.8	-1.2	64.9	32.3	-12.0	19.9
General medical practitioners	-47.6	4.3	55.5	22.7	-2.6	15.9
Specialist medical practitioners	-241.8	-12.8	74.5	49.5	-26.6	27.8
Nursing professionals	-108.8	-0.3	59.7	19.2	-14.4	9.8
Enrolled Nurses	-88.2	-25.2	51.7	4.5	-35.7	-6.9
Miscellaneous health professionals	-57.3	-0.5	55.0	18.8	-6.8	11.6
Dental practitioners & associate professionals	-38.2	-41.5	64.9	33.1	-14.1	19.8
Pharmacists	-34.1	26.3	41.6	18.6	-4.5	11.9
Occupational therapists	5.8	10.3	38.6	23.9	-1.6	16.5
Optometrists	-107.3	-17.0	58.4	13.4	-5.8	7.8
Physiotherapists	-56.7	6.2	51.9	16.6	3.9	13.4
Speech pathologists	-25.4	5.0	42.7	13.8	4.1	11.0
Chiropractors and osteopaths	-152.4	1.7	50.1	2.4	2.4	2.4
Podiatrists	-49.9	-5.5	55.2	19.2	-2.2	13.0
Medical imaging professionals	-132.7	-12.5	70.2	39.3	-29.7	19.3
Dietitians	-86.6	-66.3	61.3	14.3	3.9	11.3
Natural therapy professionals	-135.8	-12.1	58.6	12.3	-14.1	6.0
Other health professionals	-89.7	-5.3	57.6	16.6	9.7	14.6
Welfare Associate Professionals	23.9	-11.8	27.8	22.3	-18.0	10.9
Miscellaneous health & welfare associate professionals	-101.6	-43.9	55.5	5.4	-30.8	-4.5
Aboriginal and Torres Strait Islander health workers	-718.7	-143.2	-44.0	-63.6	-86.7	-66.5
Massage therapists	-79.0	-26.5	51.6	5.4	-16.9	-1.1
Total workers	-58.8	17.1	42.6	10.4	-36.0	-2.7

 Percentages for occupations in regions with rates below the State average are shaded green

 Percentages for occupations in regions with rates above the State average are unshaded

Similar data for country regions (Table 5.8) show widespread shortages of the selected health and welfare occupations across the State (in comparison with the average level of provision): the exception is Aboriginal and Torres Strait Islander health workers in Northern & Far Western, Eyre, Mid North and Riverland Regions. The full data, showing the number and rate for each occupation, are in Appendix Table A34.

Table 5.8: Occupation by Health Region in which worked, country South Australia, 6 August 2001
Percentage variation in occupations per 1,000 population in the region compared with the State rate

	Hills Mallee Southern	Wakefield	South East	NFW	Eyre	Mid North	River- land	Country SA
Medical practitioners	-58.5	-69.9	-52.5	-52.2	-67.7	-63.0	-54.1	-60.1
General medical practitioners	-41.3	-58.5	-42.3	-40.5	-63.4	-49.8	-38.7	-47.4
Specialist medical practitioners	-89.5	-93.4	-73.1	-80.1	-87.4	-68.6	-81.0	-84.4
Nursing professionals	-54.0	-49.0	-30.8	-19.1	-25.6	-16.5	-23.6	-37.6
Enrolled Nurses	-49.9	-40.7	-29.3	-8.9	-18.3	1.2	-16.2	-30.6
Miscellaneous health professionals	-31.1	-54.5	-30.8	-46.2	-44.9	-41.6	-33.1	-40.3
Dental practitioners & associate professionals	-47.3	-73.1	-63.3	-56.6	-47.5	-73.1	-51.2	-59.0
Pharmacists	-30.9	-56.0	-47.9	-53.0	-25.7	-22.8	-25.2	-40.5
Occupational therapists	-55.2	-35.3	-40.9	-37.8	-38.5	-100.0	-50.5	-47.8
Optometrists	-75.1	-71.2	-12.4	-48.1	-17.9	-9.1	-17.5	-47.5
Physiotherapists	-27.0	-56.9	-31.8	-62.8	-50.9	-51.0	-16.0	-41.9
Speech pathologists	-38.7	-64.5	-19.0	6.5	-15.7	-44.0	-32.2	-34.0
Chiropractors and osteopaths	2.2	-52.7	19.9	-57.4	-32.6	-25.3	35.6	-17.3
Podiatrists	-38.7	-100.0	-52.0	-14.8	-32.6	-100.0	58.2	-47.9
Medical imaging professionals	-69.9	-100.0	-64.7	-66.6	-73.5	-19.4	-60.1	-71.4
Dietitians	-41.6	-32.5	-48.6	-39.2	-3.8	6.6	-3.2	-30.7
Natural therapy professionals	-40.6	14.4	13.2	-69.1	-100.0	-45.8	-50.8	-29.5
Other health professionals	-51.9	1.9	-78.8	-8.2	-100.0	-12.2	-100.0	-42.9
Welfare Associate Professionals	-56.4	-77.4	-57.7	13.2	-32.5	4.1	-40.9	-45.0
Miscellaneous health & welfare associate professionals	-8.4	-66.2	-14.9	72.0	2.9	-4.4	73.6	-4.7
Aboriginal and Torres Strait Islander health workers	-6.8	-100.0	-29.7	1008.8	689.8	191.6	164.8	180.8
Massage therapists	41.1	-66.4	-34.3	-74.1	-59.0	-24.2	37.6	-22.3
Total workers	-20.8	-28.2	9.4	-6.5	0.7	-15.7	5.2	-12.0

 Percentages for occupations in regions with rates below the State average are shaded green

 Percentages for occupations in regions with rates above the State average are unshaded