Monitoring Inequality in Australia: Time series

Notes on the data

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Monitoring Inequality in Australia: Time Series – Notes on the Data

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Inequality Graphs

The Inequality Graphs show variations for each indicator by socioeconomic status (SES), based on the ABS Index of Relative Socioeconomic Disadvantage (IRSD). Data are presented in five groupings of areas ('quintiles' or, as labelled within the graph interface, 'Quintile of Socioeconomic Disadvantage of Area'), each representing approximately one fifth (20%) of the population. The quintiles range from the 20% of the population living in the highest SES areas (least disadvantaged) to the 20% living in the lowest SES areas (most disadvantaged). The height of the bar for each quintile indicates the rate or per cent for the population usually resident in that quintile. The ratio of the rate in the most disadvantaged areas (Quintile 5) to that in the least disadvantaged areas (Quintile 1) is shown on the right hand side of the graph: it is labelled the 'Inequality ratio'. To produce a series providing comparability over time, the data available to PHIDU for the earliest and latest periods were allocated to the quintiles as at the Census date of, or prior to, the period of the data.'

Geographical structures

For information regarding additional geographies available, refer to the geographical structures information.

Statistical information

Except where otherwise stated, all age-standardised rates and ratios presented in the maps, data or graphs are based on the Australian standard. For further information on the statistics presented, refer to the statistical information available from the PHIDU website.
Notes on the Data: Indicators and Data sources

Introductory information

The indicator information and data sources are presented below in the general order used by PHIDU in their products by the themes of Demographic and social indicators, Health status, disease prevention, disability and deaths and Use and provision of health and welfare services.

Please note that the source information reflects the relevant department/ organisation name, based on the data PHIDU received most recently. Therefore, for the earlier time period, the source information may not reflect the former department or organisational name that provided us with the data at the time.

Demographic and social indicators

Indigenous status

- Aboriginal population as per cent of total population, 1998 and 2020 estimated resident population (ERP)

**Notes:** The data presented are the Aboriginal population as a per cent of the total Aboriginal population. There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the Australian Bureau of Statistics (ABS) (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, a set of estimated resident populations were developed.

**Source:**
1998: Developed by Prometheus Information Pty Ltd on behalf of the Australian Government Department of Health.
2020: Developed by PHIDU, using the following method.

The ERP for June 2016 for Aboriginal populations is available from the Australian Bureau of Statistics (ABS) for Statistical Areas Level 2 (SA2, total population only); PHIDU concorded the SA2 populations to produce a 2016 ERP for each IARE (total population only). The ERP for 2016 is available by Indigenous Region (IREG), by 5-year age group. To produce estimated resident populations by age group for each IARE, PHIDU applied the proportional age distribution from the Census counts (usual resident population) in each IARE to the ERP total for the IARE. The 2016 estimated counts were then used as a base to project estimates for years to 2020 using the ABS projected population, Aboriginal and Torres Strait Islander Australians, Indigenous Regions, 2011-2026.

Birthplace & non-English-speaking residents

- Australian-born population, 2001 and 2021
- People born (overseas) in predominantly English-speaking countries, 2001 and 2021
- People born in predominantly non-English-speaking (NES) countries, 2001 and 2021
- People born in NES countries resident in Australia for five years or more, 1986 and 2021
- People born in NES countries resident in Australia for less than five years, 1986 and 2021

**Notes for all People born in predominantly English-speaking (ES) / non-English-speaking (NES) countries data:** The following countries are designated as ‘predominantly ES’: Canada, Ireland, New Zealand, South Africa, United Kingdom and the United States of America; the remaining countries are designated as ‘predominantly NES’.

**Resident in Australia for five years or more:** Data comprise NES residents arriving prior to 1982 (1986 data) or 2017 (2021 data).

**Resident in Australia for less than five years:** Data comprise NES residents arriving from 2017 to 2021. The year 2016 is the period 1 January 2021 to 10 August 2021 (Census Night), therefore, the data presented represent a total time of approximately 4 years and 7 months.

- People aged 5 years and over who were born overseas and reported poor proficiency in English, 1986 and 2021

**Notes:** The data comprise people born overseas who reported speaking English ‘not well’ or ‘not at all’.

**Source for all Birthplace & non-English-speaking residents data (above):** Compiled by PHIDU based on the ABS Census 1986, 2001 or 2021 data.

Non-English-speaking countries of birth

- Top ten birthplaces of people born in non-English-speaking countries, 2006 and 2021

**Notes:** The data comprise residents of Australia who were born overseas in one of the predominantly non-English speaking countries. The countries presented are in the order of the top ten countries where people from non-English speaking countries were born. These are from highest to lowest: India, China (excluding Special Administrative Regions of Hong Kong & Macau, and Taiwan), Philippines, Vietnam, Malaysia, Italy, Sri Lanka, Nepal, South Korea and Germany.

**Source:** Compiled by PHIDU based on the ABS Census 2006 and 2021 data.
**Total Fertility Rate**

- **Notes:** Total fertility rates are not shown for areas recording fewer than 5 births.

**Source:**

**2004 to 2006:** Compiled by PHIDU based on births data, 2004 to 2006 (ABS unpublished); and the ABS Estimated Resident Population, 30 June 2004 to 30 June 2006.

**2021:** Compiled by PHIDU based on the ABS data from *Table 2: Births, Summary, Statistical Area Level 2 - 2011 to 2021: Births, Australia 2021* (ABS Cat. no. 3301ODO002.0).

**Education**

- **Notes:** The data comprise people who left school at Year 10 or below, or did not go to school, expressed as an indirectly standardised rate per 100 people aged 15 years and over (usual resident population), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census 2011 and 2021.

- **Notes:** Some data are not available at the small area level from State and Territory education authorities, the data used in this analysis are from the Australian Bureau of Statistics (ABS) Population Census. As such they are not official estimates of participation at age 16 in full-time secondary education. However, they are useful in showing the extent of variations between socio-economic status.

Note that the extent to which those who have left school at this age to enter the labour force is not accounted for in these data - see *Learning or Earning at ages 15 to 24*.

**Source:** Compiled by PHIDU based on the ABS Census 1986 and 2021 (unpublished data).

- **Notes:** NCVER uses an ABS coding index (click here for more information) to allocate data with partial address information to a single SA2 area. Coding indexes are tables that list a geographic area against its most appropriate match in the ASGS, data for addresses not in this index are included in the Australia total only approximately 9% of NCVER records are affected.

**Details of data presented**

Separate data are presented for:

- Aboriginal population participation in VET (2015 and 2021)
- Total population participation in VET (2001 and 2021)


- **Notes:** NCVER uses an ABS coding index (click here for more information) to allocate data with partial address information to a single SA2 area. Coding indexes are tables that list a geographic area against its most appropriate match in the ASGS, data for addresses not in this index are included in the Australia total only approximately 9% of NCVER records are affected.

**Definitions**

Subject completion rates are referred to by NCVER as ‘load pass rates’. The load pass rate (LPR) is the ratio of hours, or full-year training equivalents (FYTEs), attributed to students who gain competencies/passed assessment in an assessable module or unit of competency to all students who were assessed and either passed, failed or withdrew. The calculation is based on the annual hours (or FYTEs) for each assessable module or unit of competency and includes competencies achieved/units passed through recognition of prior learning (RPL).

The calculation for LPR is as follows:

Competency achieved passed + RPL granted, as a proportion of Competency achieved passed + Competency not achieved failed + Withdrawn discontinued + RPL granted.
Early child development: Australian Early Development Census indicators

- Developmentally vulnerable on one or more domains, 2009 and 2021
- Developmentally vulnerable on two or more domains, 2009 and 2021
- Physical health and wellbeing domain - developmentally vulnerable, at risk and on track, 2009 and 2021
- Social competence domain - developmentally vulnerable, at risk and on track, 2009 and 2021
- Emotional maturity domain - developmentally vulnerable, at risk and on track, 2009 and 2021
- Language and cognitive (school-based) domain - developmentally vulnerable, at risk and on track, 2009 and 2021
- Communication skills and general knowledge domain - developmentally vulnerable, at risk and on track, 2009 and 2021

Notes for all Early child development data: The AEDC results report on the number of children scoring in the following percentile ranges: 0 to 10th percentile (developmentally vulnerable), 11th to 25th percentile (developmentally at risk) and above the 25th percentile (developmentally on track).

The PHIDU data is presented for children who were:
- Developmentally vulnerable (0 to 10th percentile) on one or more domains
- Developmentally vulnerable (0 to 10th percentile) on two or more domains
and who were assessed as being developmentally vulnerable (0 to 10th percentile), at risk (11th to 25th percentile), and on track (above the 25th percentile) in the following domains:
- Physical health and wellbeing domain
- Social competence domain
- Emotional maturity domain
- Language and cognitive skills (school-based) domain
- Communication skills and general knowledge domain
2009 Early child development data: For the 2009 period, data are not shown for areas where there were less than 15 children tested.

2021 Early child development data: For the 2021 period, data are not shown for areas where one or more of the following have been met:

AEDC data are not reported for locations in which three or fewer children had been assessed;

Suppression of AEDC data also occurs when one or more of the following have not been met:

- less than fifteen children had valid AEDC scores;
- less than two teachers had completed the AEDC instrument for children in that location;
- the AEDC instrument was completed for less than 80% of all non special needs children; or
- the number of vulnerable or at risk children represented at least 90% of valid AEDC scores.

Additional minor suppressions have occurred where necessary to preserve confidentiality of related suppressed cells (consequential suppression).

Source for the 2009 Early child development data: Compiled by PHIDU based on data from the Australian Early Development Index 2009 Research CURF Version 1, Released August 2011, DEEWR.

Source for the 2021 Early child development data: Compiled by PHIDU based on data from the 2021 Australian Early Development Census (an Australian Government Initiative).

Learning or Earning

- Learning or Earning at ages 15 to 24, 2006 and 2021

Notes: The data comprise the number of 15 to 24 year olds who are engaged in school, work or further education/training, expressed as a proportion of all those aged 15 to 24 years.

Source: Compiled by PHIDU based on the ABS Census 2006 and 2021 data.

Families

- Single parent families with children aged less than 15 years, 2001 and 2021

Notes: The data comprise the number of single parent families with children aged less than 15 years, expressed as a proportion of all families with children under 15 years.

Source: Compiled by PHIDU based on the ABS Census 2001 and 2021 data.

- Jobless families with children aged less than 15 years, 2001 and 2021

Notes: The data comprise the number of jobless families with children aged less than 15 years, expressed as a proportion of all families with children under 15 years.

Source: Compiled by PHIDU based on the ABS Census 2001 and 2021 (unpublished) data.

- Children aged less than 15 years in jobless families, 2006 and 2021

Notes: The data comprise the number of children aged less than 15 years in jobless families, expressed as a proportion of all children aged less than 15 years.

Source: Compiled by PHIDU based on the ABS Census 2006 and 2021 (unpublished) data.

- Children in families where the mother has low educational attainment, 2006 and 2021

Notes: The data presented are children aged less than 15 years living in families where the female parent’s highest level of schooling was year 10 or below, or where the female parent did not attend school, expressed as a proportion of all children aged less than 15 years.

Source: Compiled by PHIDU based on the ABS Census 2006 and 2021 (unpublished) data.

Child care: unpaid

- Child care to own child/children (unpaid), provided by people aged 15 years and over, 2006 and 2021
- Child care to other child/children (unpaid), provided by people aged 15 years and over, 2006 and 2021
- Total (unpaid) child care, provided by people aged 15 years and over, 2006 and 2021

Notes for all Child care: unpaid data: The data include unpaid child care provided by people aged 15 years and over who, in the two weeks prior to Census Night, spent time caring for a child/children (under 15 years).

The data indicators presented are:

- Unpaid child care provided by people aged 15 years and over to their own child/children (aged under 15 years)
- Unpaid child care provided by people aged 15 years and over to other child/children (aged under 15 years); and
- Total (unpaid) child care provided by people aged 15 years and over – this includes the categories of people caring for a) their own child/children only; b) other child/children only; and c) both their own child/children and other/children combined (the data for this final group c) are not shown separately) (children aged under 15 years).

Source for all Child care: unpaid data: Compiled by PHIDU based on the ABS Census 2006 and 2021 data.
Volunteering

- Voluntary work for an organisation or group - people aged 15 years and over, 2006 and 2021

Notes: The "Voluntary work for an organisation or group" variable records people who spent time doing unpaid voluntary work through an organisation or group in the twelve months prior to Census Night.

Source: Compiled by PHIDU based on the ABS Census 2006 and 2021 data.

Housing, rent assistance and vehicle access

- Persons living in crowded dwellings, 2016 and 2021

Notes: Persons living in private dwellings assessed as crowded according to the Canadian National Occupancy Standard. The measure assesses the bedroom requirements of a household, accounting for both household size and composition, specifying that:
  - there should be no more than two persons per bedroom;
  - children less than five years of age of different sexes may reasonably share a bedroom;
  - children less than 18 years of age and of the same sex may reasonably share a bedroom;
  - single household members 18 years and over should have a separate bedroom, as should parents or couples; and
  - a lone person household may reasonably occupy a bed-sitter.

A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- Persons living in severely crowded dwellings, 2016 and 2021

Notes: Persons living in private dwellings assessed as needing four or more additional bedrooms to accommodate all persons currently living in the household, according to the Canadian National Occupancy Standard (see Persons living in crowded dwellings, above).

A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- Aboriginal persons living in crowded dwellings, 2016 and 2021

Notes: Aboriginal persons living in private dwellings assessed as crowded according to the Canadian National Occupancy Standard (see Persons living in crowded dwellings, above).

A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- Aboriginal persons living in severely crowded dwellings, 2016 and 2021

Notes: Aboriginal persons living in private dwellings assessed as needing four or more additional bedrooms to accommodate all persons currently living in the household, according to the Canadian National Occupancy Standard (see Aboriginal persons living in crowded dwellings above).

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- Housing Suitability - dwellings requiring extra bedrooms, 2016 and 2021

Notes: The criteria used to derive this variable are based on the Canadian National Occupancy Standard for housing appropriateness and are sensitive to both household size and composition. The measure assesses the bedroom requirements of a household by specifying that:
  - there should be no more than two persons per bedroom;
  - children less than five years of age of different sexes may reasonably share a bedroom;
  - children less than 18 years of age and of the same sex may reasonably share a bedroom;
  - single household members 18 years and over should have a separate bedroom, as should parents or couples; and
  - a lone person household may reasonably occupy a bed-sitter.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- Households in dwellings receiving rent assistance from Australian Government, 2006 and June 2022

Notes: The Australian Government rent assistance data are provided for individual recipients, and there may be multiple individual recipients in a household: to the extent that this occurs, the proportion will be understated.

Source: Compiled by PHIDU based on data from the Department of Human Services, 2006 and the Department of Social Services, June 2022; and the ABS Census: Dwellings, 2006 and 2016, respectively.

- Aboriginal households in dwellings receiving rent assistance from Australian Government, 2016 and June 2022

Notes: The Australian Government rent assistance data are provided for individual recipients, and there may be multiple individual recipients in a household: to the extent that this occurs, the proportion will be understated.
However, dwellings are the most appropriate denominator available for this dataset. In addition, some recipients live in non-private dwellings, which are not included in the denominator: to the extent that this occurs, the proportion will be overstated.

Source: Compiled by PHIDU based on data from the Department of Human Services, 2016 and the Department of Social Services, June 2021; and the ABS Census: Dwellings, 2016, respectively.

- **Dwellings rented from the government housing authority, 1986 and 2016**

Source: Compiled by PHIDU based on the ABS Census 1986 and 2016 data.

- **Privately-owned rental dwellings, 2016 and 2021**

Notes: This indicator is comprised of private dwellings rented from a real estate agent, person not in the same household, ‘other’ landlord type and landlord type ‘not stated’. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

The data presented are of privately-owned private dwellings that are rented, as a proportion of total occupied private dwellings.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- **Social housing dwellings (includes housing authority and community housing dwellings), 2016 and 2021**

Notes: Social housing is defined as occupied private dwellings rented from the government housing authority or a community housing provider (a housing co-operative, community or a church group).

The data include households in private dwellings only. A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- **Persons living in rental housing, 2016 and 2021**

Notes: The data are of the number of persons renting social housing and of those renting privately-owned dwellings. The data include households in private dwellings only. A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- **Persons living in privately-owned rental dwellings, 2016 and 2021**

Notes: This indicator is comprised of private dwellings rented from a real estate agent, person not in the same household, ‘other’ landlord type and landlord type ‘not stated’. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

- **Low income households with mortgage stress, 2006 and 2021**

Notes: The data comprise households in the bottom 40% of income distribution (those with less than 80% of median equivalised income), spending more than 30% of income on mortgage repayments.

Income is equivalised; equivalised household income per week can be viewed as an indicator of the economic resources available to a standardised household. For a lone person household it is equal to household income. For a household comprising more than one person, it is an indicator of the household income that would be needed by a lone person household to enjoy the same level of economic wellbeing.

The State/Territory totals do not sum to the Australian total as the 40th percentile income used for Australia is $901, whereas that for States/Territories varies, from $736 for dwellings in Tasmania to $1347 for dwellings in the ACT. A small part of the variation may also be due to data perturbation.

2006 Income varies by State/ Territory: NSW, $458; Vic, $452; Qld, $453; SA, $407; WA, $516; Tas, $400; NT, $552; ACT, $710

2016 Income varies by State/ Territory: NSW, $721; Vic, $705; Qld, $704; SA, $631; WA, $785; Tas, $589; NT, $1,004; ACT, $1,093.

NB: For caveats regarding this data, please refer to the attached Housing Costs caveats (.pdf).

Source: Compiled by PHIDU based on the ABS Census 2006 and 2016 (unpublished data).

- **Low income households with rental stress, 2006 and 2021**

Notes: The data comprise households in the bottom 40% of the income distribution (those with less than 80% of median income), spending more than 30% of their income on rent.

Income is equivalised; equivalised household income per week can be viewed as an indicator of the economic resources available to a standardised household. For a lone person household it is equal to household income. For a household comprising more than one person, it is an indicator of the household income that would be needed by a lone person household to enjoy the same level of economic wellbeing.

The State/Territory totals do not sum to the Australian total as the 40th percentile income used for Australia is $901, whereas that for States/Territories varies, from $736 for dwellings in Tasmania to $1347 for dwellings in the ACT. A small part of the variation may also be due to data perturbation.

2006 Income varies by State/ Territory: NSW, $458; Vic, $452; Qld, $453; SA, $407; WA, $516; Tas, $400; NT, $552; ACT, $710

2011 Income varies by State/ Territory: NSW, $721; Vic, $705; Qld, $704; SA, $631; WA, $785; Tas, $589; NT, $1,004; ACT, $1,093.

NB: For caveats regarding this data, please refer to the attached Housing Costs caveats (.pdf).

Source: Compiled by PHIDU based on the ABS Census 2006 and 2016 (unpublished data).
Low income households under financial stress from mortgage or rent, 2016 and 2021

Notes: The data comprise households in the bottom 40% of the income distribution (those with less than 80% of median equivalised income), spending more than 30% of their income on rent mortgage repayments or rent, as a proportion of low-income households (those with less than 80% of median equivalised income). Refer to the notes on the above two indicators for the specific income levels and other information.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016 and 2021 (unpublished) data.

- Low income households, 2016 and 2021
- Notes: The data comprise low income households (as defined above) as a proportion of all households. Refer to the notes above for the specific income levels and other information.

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016 and 2021 (unpublished) data.

- Private dwellings with no motor vehicle, 1986 and 2021

Source: Compiled by PHIDU based on the ABS Census 1986 and 2021 data.

### Income support recipients

- Age pensioners, June 1996 and June 2022

Notes: The Age Pension is available from Centrelink for persons who have reached Age Pension age.

#### 1996 Age pensioners’ data

The 1996 Age Pension age (Centrelink) was 65 years and over for eligible males, and 60 years and over for eligible females.

#### 2022 Age pensioners’ data

Age Pension is a support payment for people who have reached the qualifying age. From 1 July 2013, the qualifying age for both men and women is 65 years. From 1 July 2017 the Age Pension qualifying age will progressively increase from 65 years to 67 years, reaching 67 years in 2023. This affects both men and women born on or after 1 July 1952. To qualify for the Age Pension, a person must have been an Australian permanent resident for a total of 10 years with at least five of those years being continuous, or have a qualifying residence exemption, or satisfy the residence requirements under an international social security agreement.

Additional notes:

The data show a number of areas as having proportions in excess of 100%; these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the pension recipient data being a postcode which is not allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population of pensionable age), as population estimates at the small area level for age groups can be unreliable, in particular where the populations are small. It also indicates that it is possible that percentages of less than 100% may also be overstated.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount of up to 4 people in the PHA.

State and territory totals were also provided in the source data. Data in the ‘Unknown’ data row in the Excel data workbooks are calculated from the difference between the sum of the PHA data and the State/Territory totals and include the sum of these suppressed SA2 cells.

Data cells with counts of less than five were suppressed (confidentialised).

Source: Compiled by PHIDU based on data from the Department of Social Services, June 1996 and 2022; and the ABS Estimated Resident Population, 30 June 1996 and 2020, respectively.

- Disability support pensioners, June 1996 and June 2022

Notes: People eligible for a Disability Support Pension (DSP) paid by Centrelink, must be aged 16 years or over and have not reached age-pensionable age; be permanently blind or have a physical, intellectual or psychiatric impairment level of 20% or more and a continuing inability to work for at least 15 hours per week.

Source: Compiled by PHIDU based on data from the Department of Social Services, June 1996 and 2022; Department of Veterans’ Affairs, 1 July 1996; and the ABS Estimated Resident Population, 30 June 1996 and 2020, respectively.

- Female sole parent pensioners, June 1996 and 2022

Notes: People eligible for a Parenting Payment (single) paid by Centrelink comprise female and male sole parents with at least one child under 16 years of age (who meet certain qualifications, or whose child attracts a child disability allowance) for 1996, and must have a child under 8 years of age for 2021. Only females receiving this payment have been mapped because females comprise the majority of sole parent pensioners (and to map females and males over the total population would distract from the figures for females receiving this payment).

Source:


2022: Based on data from the Department of Social Services Payment Demographic Data, June 2022; and the ABS Estimated Resident Population, 30 June 2020.
Notes:

1996: People receiving an ‘unemployment benefit’ – which includes the Newstart Allowance or Youth Allowance (other) paid by Centrelink – are shown as the proportion of the eligible population (of people aged 16 to 24 years). For total unemployment, this is the maximum of either youth allowance (other) or Newstart allowance or Newstart allowance (180 days)/youth allowance (other)<180 days plus Newstart allowance (180 days plus)/youth allowance (other)<180 days plus. 2022: People receiving an ‘unemployment benefit’ – which includes the Jobseeker Payment or Youth Allowance (other) paid by the Department of Social Services – are shown as a proportion of the eligible population (of persons aged 16 to 21 years for the Youth Allowance (other), 22 to 64 years for the JobSeeker payment).

Data cells with counts of less than five were suppressed (confidentialised). Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the ‘Unknown’ data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells. In addition, where two indicators are added together to produce total unemployment, the sum of JobSeeker and Youth Allowance (other), if one has been suppressed, this could also result in an undercount.

Source:

1996: Compiled by PHIDU based on data from the Department of Human Services, June 1996; and the ABS Estimated Resident Population, 30 June 1996.

2022: Compiled by PHIDU based on data from the Department of Social Services Payment Demographic Data, June 2022, available from https://data.gov.au/dataset/ds-dqa-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details; accessed September 2020; the ABS Estimated Resident Population, 30 June 2020.

Notes:

1996: Young people receiving an ‘unemployment benefit’ – which includes the Newstart Allowance (people aged 16 to 24 years) or Youth Allowance (other) paid by Centrelink – are shown as proportion of the population aged 16 to 24 years.

2022: Young people receiving an ‘unemployment benefit’ – which includes the Youth Allowance (other) paid by the Department of Social Services – are shown as the proportion of the population aged 16 to 21 years.

Data cells with counts of less than five were suppressed (confidentialised). Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the ‘Unknown’ data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells.

Source:

1996: Compiled by PHIDU based on data from the Department of Human Services, June 2008 and the Department of Social Services June 2017; and the ABS Estimated Resident Population, 30 June 2008 and 2017, respectively.


Notes:

1996: Young people receiving an ‘unemployment benefit’ – which includes the Newstart Allowance or Youth Allowance (other) paid by Centrelink – for 180 days (approximately 6 months) or more are shown as the proportion of the eligible population (of people aged 16 to 64 years).

2022: Young people receiving an ‘unemployment benefit’ – which includes the Newstart/JobSeeker Allowance or Youth Allowance (other) paid by Centrelink – for less than 180 days (approximately 6 months) are shown as the proportion of the eligible population (of people aged 16 to 64 years).

Source:

Compiled by PHIDU based on data from the Department of Human Services, June 2006 and the Department of Social Services June 2022; and the ABS Estimated Resident Population, 30 June 2006 and 2020, respectively.

Notes:

People receiving an unemployment benefit short-term, June 2017 and 2022

Source:

Compiled by PHIDU based on data from the Department of Human Services, June 2017 and the Department of Social Services June 2022; and the ABS Estimated Resident Population, 30 June 2017 and 2020, respectively.

Notes:

Low income, welfare-dependent families (with children), June 2006 and 2022

Children in low income, welfare-dependent families, June 2006 and 2022

1 Youth Allowance (other) is largely comprised of unemployed people aged 16 to 21 looking for full-time work or undertaking approved activities, such as part-time study or training. It excludes Youth Allowance customers who are full-time students or undertaking an apprenticeship/traineeship.

2 Youth Allowance (other) is largely comprised of unemployed people aged 16 to 21 looking for full-time work or undertaking approved activities, such as part-time study or training. It excludes Youth Allowance customers who are full-time students or undertaking an apprenticeship/traineeship.
Notes for both Low income, welfare-dependent families and Children in low income, welfare-dependent families data (above):

For 2006, a) families included are those with children under 16 years; or b) children under 16 years in families – with incomes under $22,966 p.a. in receipt of the Family Tax Benefit (A) (whether receiving income support payments or not). These families would all receive the Family Tax Benefit (A) at the maximum level.

For 2021, a) families included are those with children under 16 years; or b) children under 16 years in families – with incomes under $28,485 p.a. in receipt of the Family Tax Benefit (A) (whether receiving income support payments or not). These families would all receive the Family Tax Benefit (A) at the maximum level. The level of income used for this data was based on the Poverty Lines: Australia, June Quarter 2006 and 2021, which contains a weekly income for a single parent with two children, including housing costs. Poverty Lines: Australia is a quarterly newsletter that updates the Henderson Poverty Line as defined in the 1973 Commonwealth Commission of Inquiry into Poverty. Poverty lines are presented for a range of family sizes, in order to avoid the situation of poverty. The updated Poverty Lines take into account changes in the average income level of all Australians, reflecting the idea that poverty is relative.

[For further information, see: Poverty Lines: Australia (ISSN 1448-0530), Melbourne Institute of Applied Economic and Social Research, available from: http://melbourneinstitute.com/miaesr/publications/indicators/poverty-lines-australia.html]

Source:

Compiled by PHIDU based on data from the Department of Social Services, June 2020, the ABS Censuses of Population and Housing, 2006 and 2016 for the number of families; and the ABS Estimated Resident Population, 30 June 2006 and 2020 respectively for the number of children.

- Pensioner Concession Card holders, June 2009 and 2022

Notes: People eligible for a Pensioner Concession Card (PCC) issued by Department of Human Services comprise those aged 65 years and over who receive one of the following payments: Age Pension; Bereavement Allowance; Carer Payment (adult); Carer Payment (child); Disability Support Pension; Newstart Allowance and Youth Allowance (job seeker) if single and caring for a dependent child; or Parenting Payment (single). People aged 60 years and over may receive a PCC if they have been receiving income support payments for more than nine months and receive: Newstart Allowance; Parenting Payment (partnered); Partner Allowance; Sickness Allowance; Special Benefit; or Widow Allowance. People may also be eligible for a PCC if they have a partial capacity to work and are receiving any of the following payments: Newstart Allowance; Parenting Payment (partnered); and Youth Allowance (job seeker). The data excludes details of Commonwealth Seniors Health Card holders.

In 2021, data cells with counts of less than five were suppressed (confidentialised). Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the ‘Unknown’ data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells.

Source:

2009: Compiled by PHIDU based on data from the Department of Social Services, June 2009; and the ABS Estimated Resident Population, 30 June 2009.

2022: Compiled by PHIDU based on data from the Department of Social Services Payment Demographic Data, June 2022, available from https://data.gov.au/dataset/ds-dga-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details; accessed September 2021; and PHIDU estimated population, 30 June 2020.

- Health Care Card holders, June 2009 and 2022

Notes: People eligible for a Health Care Card (HCC) issued by the Department of Human Services are those aged 0 to 64 years who do not hold a Pensioner Concession Card and receive one of the following payments: Carer Allowance; Carer Payment (child) (short term or episodic); Exceptional Circumstances Relief Payment; Family Tax Benefit A (maximum rate only); Mobility Allowance (if not receiving a Disability Support Pension); Newstart Allowance; Parenting Payment (partnered); Partner Allowance; Special benefit; Widow Allowance; or Youth Allowance (job seekers only). People may also be eligible for a HCC if they are a foster carer; ex-holder of a Carer Allowance (child) Health Care Card; or are a low income earner.

In 2021, data cells with counts of less than five were suppressed (confidentialised). Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the ‘Unknown’ data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells.

Source:

2009: Compiled by PHIDU based on data from the Department of Social Services, June 2009; and the ABS Estimated Resident Population, 30 June 2009.


- Seniors Health Card holders, June 2014 and 2022

Notes: The Seniors Health Card gives older Australians access to cheaper prescription medicines, Australian government funded medical services, and other government concessions. People eligible for a Seniors Health Card must have reached Age Pension age but do not qualify for a payment by the Department of Human Services or the Department of Veterans’ Affairs.
In 2021, data cells with counts of less than five were suppressed (confidentialised). Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of the suppressed cells.

Source:
2014: Compiled by PHIDU based on data from the Department of Social Services, June 2014; and the ABS Estimated Resident Population, 30 June 2014.

2022: Compiled by PHIDU based on data from the Department of Social Services Payment Demographic Data, June 2022, available from https://data.gov.au/dataset/ds-dga-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details; accessed September 2021; and PHIDU estimated population, 30 June 2020.

### Internet access at home
- Total private dwellings with an Internet connection, 2006 and 2016
- Private dwellings with no Internet connection, 2006 and 2016

Notes for all Internet access at home data: The data include Internet access at private dwellings only.

Source for all Internet access at home data: Compiled by PHIDU based on the ABS Census 2006 and 2016 data.

### Labour force
- Unemployment, 1986 and June 2022

Notes:
1986: Unemployment data are comprised of persons aged 15 years and over who reported that they were unemployed and looking for part-time or full-time work in the week prior to Census night.

June 2022: These estimates, from the Small Area Labour Markets - Australia data series, are based on the Structure Preserving Estimation (SPREE) methodology which enables the generation of small area unemployment, unemployment rate and labour force estimates. They differ from the figures both for people receiving an unemployment benefit (as different rules are applied to eligibility for a welfare payment) and being considered as unemployed in the official labour force statistics produced by the Australian Bureau of Statistics (ABS). The unemployment estimates presented are based on the ‘smoothed’ data series, where the data have been averaged over four quarters to minimise the variability inherent in small areas estimates. The estimates presented are derived from two primary data sources:

1. Current recipients of Youth Allowance (other) and current recipients of Newstart Allowance who are not on a zero rate of payment, by SA2; and
2. ABS Labour Force Survey data by ABS Statistical Area Level 4 (SA4). The ABS Labour Force Survey samples private and non-private dwellings (approximately 26,000 households) across Australia and covers about 0.32 per cent of the population. More details about the methodology underpinning this survey are included in the ABS publication, Labour Force, Australia (cat. no. 6202.0).

Additional notes
1. Youth Allowance (other) is largely comprised of unemployed people aged 16 to 21 looking for full-time work or undertaking approved activities, such as part-time study or training. This excludes Youth Allowance recipients who are full-time students or undertaking an apprenticeship/traineeship.
2. The Department notes with respect to these estimates: While the underlying methodology used to produce the small area estimates in SALM is robust for the vast majority of areas, in a small number of cases it can result in figures that do not accurately reflect labour market conditions within the region. As this is the case for the SA2 and LGA of Aurukun, these figures are not published.

Source:
1986: Compiled by PHIDU based on data from the ABS Census 1986.

June 2022: Compiled by PHIDU based on the Small Area Labour Markets - Australia, National Skills Commission, June Quarter 2022.

- Labour force participation, 1986 and June 2022

Notes:
1986: Labour force participation data are comprised of persons aged 15 years and over who reported that they were either employed (part-time, full-time or away from work) or unemployed (looking for part-time or full-time work) in the week prior to Census night.

June 2022: These estimates, from the Small Area Labour Markets - Australia data series, are based on the Structure Preserving Estimation (SPREE) methodology which enables the generation of small area unemployment, unemployment rate and labour force estimates. They differ from the figures both for people receiving an unemployment benefit (as different rules are applied to eligibility for a welfare payment) and being considered as unemployed in the official labour force statistics produced by the Australian Bureau of Statistics (ABS). The labour force estimates presented are based on the 'smoothed' data series where the data have been averaged over four quarters to minimise the variability inherent in small area estimates. The estimates presented are derived from two primary data sources:

1. Australian Bureau of Statistics (ABS) Labour Force Survey data by Statistical Area Level 4; and
2. 2011 and 2021 Censuses of Population and Housing participation rate data at the SA2 level.
Mothers and babies

**Health status, disease prevention, disability, and deaths**

### Mothers and babies

- **Low birthweight babies**

  **Earlier period:** 2004 to 2006 (NSW, Vic, WA & Tas), 2003 to 2005 (SA), 2004 to 2005 (NT & ACT)
  
  **Later period:** 2017 to 2019

  **Notes:** The data comprise all babies (live born) weighing less than 2500 grams at birth, expressed as a proportion of all live births (data over 3 years).

  The time series data are not available for Queensland.

  Data published for the earlier periods were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

  Data are not shown for areas where there were fewer than 20 births.

  **Source:**


  **Later period:** Compiled by PHIDU based on data from the Australian Institute of Health and Welfare, on behalf of the States and Territories.

- **Smoking during pregnancy**

  **Earlier period:** 2004 to 2006 (NSW, WA & Tas), 2003 to 2005 (SA), 2004 to 2005 (NT & ACT)
  
  **Later period:** 2017 to 2019

  **Notes:** The data comprise the women who reported that they smoked during a pregnancy, expressed as a proportion of the number of pregnancies. Note that as the data are aggregated over three years, they may include women who gave birth more than once during the time period.

  The time series data are not available for Queensland and Victoria.

  Data published for the earlier periods were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

  Data are not shown for areas where there were fewer than 20 births.

  **Source:**


  **Later period:** Compiled by PHIDU based on data from the Australian Institute of Health and Welfare, on behalf of the States and Territories.
Child and youth health

- Children fully immunised at 1 year of age, 1998 and 2021

**Notes:** The data presented are of registered* children fully immunised at 1 year of age.

For the purposes of reporting the data, fully immunised means a child receives the vaccinations due at or immediately prior to the age at which the measurement occurs. It is assumed that all previous vaccinations were received.

**1998 immunisation data**

The definitions of fully immunised are:

- **Children aged 1 year:** Fully immunised at 1 year means that a child aged 12 months to less than 15 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, two or three doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, and three doses pneumococcal vaccine, all prior to the age of 1 year.

Data are not shown for areas where there were fewer than 10 registered children or fewer than 10 children immunised.

*Registered on the Australian Childhood Immunisation Register (ACIR). The ACIR is a national register that records vaccinations given to children under seven years old. It also provides immunisation history statements to parents or guardians.

**Source:** Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, Medicare Australia, 1998 and 2021.

- Children fully immunised at 2 years of age, 2015 and 2021

**Notes:** The data presented are of registered* children fully immunised at 2 years of age.

For the purposes of reporting the data, fully immunised means a child receives the vaccinations due at or immediately prior to the age at which the measurement occurs. It is assumed that all previous vaccinations were received.

**2021 immunisation data**

The definitions of fully immunised are:

- **Children aged 1 year:** Fully immunised at 1 year means that a child aged 12 months to less than 15 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, two or three doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, and three doses pneumococcal vaccine, all prior to the age of 1 year.

Data are not shown for areas where there were fewer than 10 registered children or fewer than 10 children immunised.

*Registered on the Australian Childhood Immunisation Register (ACIR). The ACIR is a national register that records vaccinations given to children under seven years old. It also provides immunisation history statements to parents or guardians.

**Source:** Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, Medicare Australia, 2015 and 2021.

- Children fully immunised at 5 years of age, 2015 and 2021

**Notes:** The data presented are of registered* children fully immunised at 5 years of age.

For the purposes of reporting the data, fully immunised means a child receives the vaccinations due at or immediately prior to the age at which the measurement occurs. It is assumed that all previous vaccinations were received.

**2015 and 2021 immunisation data**

The definitions of fully immunised are:

- **Children aged 2 years:** Fully immunised at 2 years means that a child aged 24 to less than 27 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, three or four doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, one dose of a measles, mumps and rubella-containing vaccine, one dose of meningococcal C vaccine, and one dose of varicella (chicken pox) vaccine, all prior to the age of 2 years.

Data are not shown for areas where there were fewer than 10 registered children or fewer than 10 children immunised.

*Registered on the Australian Childhood Immunisation Register (ACIR). The ACIR is a national register that records vaccinations given to children under seven years old. It also provides immunisation history statements to parents or guardians.

**Source:** Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, Medicare Australia, 2015 and 2021.

- Children fully immunised at 5 years of age, 2015 and 2021

**Notes:** The data presented are of registered* children fully immunised at 5 years of age.

For the purposes of reporting the data, fully immunised means a child receives the vaccinations due at or immediately prior to the age at which the measurement occurs. It is assumed that all previous vaccinations were received.

**2015 and 2021 immunisation data**

The definitions of fully immunised are:

- **Children aged 5 years:** Fully immunised at 5 years means that a child aged 60 to less than 63 months received four doses of a diphtheria, tetanus and whooping cough-containing vaccine, four doses of polio vaccine, and two doses of a measles, mumps and rubella-containing vaccine, all prior to the age of 5 years.

Data are not shown for areas where there were fewer than 10 registered children or fewer than 10 children immunised.

*Registered on the Australian Childhood Immunisation Register (ACIR). The ACIR is a national register that records vaccinations given to children under seven years old. It also provides immunisation history statements to parents or guardians.

**Source:** Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, Medicare Australia, 2015 and 2021.

- HPV vaccine coverage for females aged 15 years in June 2007 and 2013
- Data for 2007: Females aged 12-13 years at 30 June 2007 who received Dose 3 by end 2011
- Data for 2013: Females aged 12-13 years at 30 June 2013 who received Dose 3 by 29 February 2016
Notes: The data presented are of females who were aged 12 to 13 years as at 30 June 2007 and 30 June 2011 and received three doses of the HPV vaccination by end 2011 and 31 October 2014, respectively. Females receiving all three doses represent those fully vaccinated.

Where there were fewer than five participants in an area, the data are not shown. In addition, data for SLAs (2007 period) and LGAs (2011 period) with fewer than 26 females aged 12 to 13 years in 2007 or 2011, respectively, have been suppressed.

Information held by the National HPV Vaccination Program Register is provided to the Register from immunisation providers. The accuracy of the information is dependent on the quality and timeliness of the data provided. Every effort is made to ensure that the information recorded on the Register is up to date and correct.

There are a number of instances in which percentages calculated for an area show as greater than 100% in the data. These may occur as a result of the numerator (the number of females vaccinated) being inaccurate where:
- the data are coded to a Statistical Local Area (SLA) or LGA based on the postcode of a person’s address, rather than geo-coded from the full address, which can result in allocation to the wrong LGA;
- LGAs are generally larger than postcode areas, and the conversion frequently allocates a whole postcode (or more than one postcode) area to an SLA or LGA, together with a part of another postcode (or parts of more than one postcode). The conversion is undertaken using approximate allocations of postcode populations (based on the best fit of Census Collection Districts (CDs) to postcode areas) to SLAs or LGAs, derived from data at the previous Census. In many instances this conversion represents a crude allocation of the population of any LGA. For example, in many cases the boundaries of CDs do not match the boundaries of postcodes, and whole CDs are allocated to the postcode into which the population largely falls;
- a person’s address is recorded on the register as the place where an event occurred (e.g., a school, GP or immunisation clinic), rather than the person’s home address; or
- a client is recorded twice on a database or register. This may occur if inadequate information is provided to the register to allow the appropriate matching processes to occur.

Source: Compiled by PHIDU using data from the National HPV Vaccination Program Register (NHVPR), December 2011 and July 2016; and the ABS Estimated Resident Population (ERP) 2007 and ABS Census Estimated Resident Population (ERP) 2013, respectively.

HPV vaccine coverage for males and females aged 15 years in mid-2015 and mid-2017
- Data for 2015: Males and Females aged 15 years at mid-2015 who received Dose 3 by 3 October 2017
- Data for 2017: Males and Females aged 15 years at mid-2017 who received Dose 3 by 3 October 2018

Notes: The data presented for 2015 are for females and males who were aged 15 years as at mid-2015, and who received three doses of the HPV vaccination and reported to the HPV Register by 3 October 2017. Females and males receiving all three doses represent those fully vaccinated.

The data presented for 2017 are for females and males who were aged 15 years as at mid-2017, and who received three doses of the HPV vaccination and reported to the HPV Register by 3 October 2018. Females and males receiving all three doses represent those fully vaccinated.

Where there were fewer than ten participants in an area, the data are not shown; same level of confidentiality applied to all geographies.

Information held by the National HPV Vaccination Program Register is provided to the Register from immunisation providers. The accuracy of the information is dependent on the quality and timeliness of the data provided. Every effort is made to ensure that the information recorded on the Register is up to date and correct.

There are a number of instances in which percentages calculated for an area show as greater than 100% in the data. These may occur as a result of the numerator (the number of females vaccinated) being inaccurate where:
- the limited size of populations in some geographical areas;
- the estimated nature of the denominator populations used; or
- an inaccurate numerator due to the data having not been geo-coded. The geographic area at which the data are available is the postcode; postcode data are allocated to a PHA on the basis of the proportion of the postcode which falls into a PHA, which can result in allocation to the wrong PHA; the conversion is undertaken using approximate allocations of postcode populations (based on the best fit of Census Collection Districts (CDs) to postcode areas) to LGAs, derived from data at the previous Census. In many instances this conversion represents a crude allocation of the population of any LGA. For example, in many cases the boundaries of CDs do not match the boundaries of postcodes, and whole CDs are allocated to the postcode into which the population largely falls.

Source: Compiled by PHIDU using data from the National HPV Vaccination Program Register (NHVPR), February 2018 and November 2018; and the ABS Census Estimated Resident Population (ERP) 2015 and 2017, respectively.

Infant mortality, 2003 to 2007 and 2016 to 2020

Notes: The data presented are of deaths that occurred before 12 months of age, as a rate per 1,000 live births. Data are not shown for areas where there were fewer than 20 births.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year’s data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process see the following and related sites:
**Source:**

*2003 to 2007:* Data compiled by PHIDU from 2003 to 2007 deaths data produced as a consultancy by ABS on behalf of the State and Territory Registries of Births, Deaths and Marriages

*2016 to 2020:* Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The births data for 2016 to 2020 were compiled from the **ABS Births, Australia 2018.**

- *Youth mortality:* Deaths of persons aged 15 to 24 years, 2011 to 2015 and 2016 to 2020

**Indicator detail:** The data presented are the average annual indirectly age-standardised rates per 100,000 population (aged 15 to 24 years); and/or indirectly age-standardised ratios, based on the Australian standard. For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year’s data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process, see the following and related sites:  

**Source:**

*2011 to 2015:* Data compiled by PHIDU from deaths data based on the 2011 to 2015 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the ABS Estimated Resident Population (ERP) for Australia, 30 June 2011 to 30 June 2015.

*2016 to 2020:* Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the ABS Estimated Resident Population (ERP) for Australia, 30 June 2016 to 30 June 2020.

**National Health Survey/ Australian Health Survey estimates**

**Notes for all estimates of self-assessed health, prevalence of selected chronic diseases and risk factors:**

*2011-12:* The data are direct estimates from the 2011-12 **Australian Health Survey (AHS)**, ABS Survey TableBuilder, and standardised using the average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012.

*2014-15:* The data are direct estimates from the 2014-15 National Health Survey, ABS Survey TableBuilder.

*2017-18:* The data are direct estimates from the 2017-18 National Health Survey, ABS Survey TableBuilder.

*The numbers are estimates for an area, not measured events as are, for example, death statistics. As such, they should be viewed as a tool that, when used in conjunction with local area knowledge and taking into consideration the prediction reliability, can provide useful information that can assist with decision making for small geographic regions. Of particular note is that the true value of the published estimates is also likely to vary within a range of values as shown by the upper and lower limits published in the data (xls) and viewable in the bar chart in the single maps.*

What the modelled estimates do achieve, however, is to summarise the various demographic, socioeconomic and administrative information available for an area in a way that indicates the expected level of each health indicator for an area with those characteristics. In the absence of accurate, localised information about the health indicator, such predictions can usefully contribute to policy and program development, service planning and other decision-making processes that require an indication of the geographic distribution of the health indicator.

The NHS/ AHS response rate provides a high level of coverage across the population; however, the response rate among some groups, e.g., those living in the most disadvantaged areas, is lower than among those in less disadvantaged areas. Although the sample includes the majority of people living in households in private dwellings, it excludes those living in the most remote areas of Australia; whereas these areas comprise less than 3% of the total population, Aboriginal people comprise up to one third of the population in these areas.

Estimates have not been published for areas with populations under 1,000, or with a high proportion of their population in:

1. non-private dwellings (hospitals, gaols, nursing homes - and also excludes members of the armed forces);
2. in Very Remote areas;
3. in discrete Aboriginal communities; and
4. where the relative root mean square errors (RRMSEs) on the estimates was 1 or more (estimate replaced with ≠).

**NB:** Estimates with RRMSEs from 0.25 and to 0.50 have been marked (~) to indicate that they should be used with caution; and those greater than 0.50 but less than 1 are marked (~~) to indicate that the estimate is considered too unreliable for general use.

**Detail of analysis for all estimates of self-assessed health, prevalence of selected chronic diseases and risk factors:** Indirectly age-standardised rate per 100 population, based on the Australian standard.

**Source for all estimates of self-assessed health, prevalence of selected chronic diseases and risk factors:**


*2011-12:* Compiled by PHIDU based on direct estimates from the 2011-12 Australian Health Survey, ABS Survey TableBuilder.
Self-assessed health (estimates)

- Estimated population, aged 15 years and over, with fair or poor self-assessed health, 2007-08 (Aust, NSW, Vic, Qld, SA, WA) or 2011-12 (Tas, NT, ACT) and 2017-18

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data on which the estimates are based are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents aged 15 years and over were asked to assess their health on a scale from ‘poor’ to ‘excellent’ (the scale was ‘poor’, ‘fair’, ‘good’, ‘very good’, or ‘excellent’). The data reported are the sum of responses categorised as ‘poor’ or ‘fair’.

2011-12: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2011-12 AHS. Respondents aged 15 years and over were asked to assess their health on a scale from ‘poor’ to ‘excellent’ (the scale was ‘poor’, ‘fair’, ‘good’, ‘very good’, or ‘excellent’). The data reported are the sum of responses categorised as ‘poor’ or ‘fair’.

2017-18: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2017-18 NHS. Respondents aged 15 years and over were asked to assess their health on a scale from ‘poor’ to ‘excellent’ (the scale was ‘poor’, ‘fair’, ‘good’, ‘very good’, or ‘excellent’). The data reported are the sum of responses categorised as ‘poor’ or ‘fair’.

Prevalence of selected chronic disease and conditions (estimates)

Type 2 diabetes mellitus (estimates)

- Estimated population with type 2 diabetes mellitus, 2007-08 and 2014-15 (Aust, NSW, Vic, Qld, SA, WA, Tas)

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with any long-term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had type 2 diabetes.

2014-15: These data refers to persons who self-reported having been told by a doctor or nurse that they had type 2 diabetes mellitus, irrespective of whether the person considered their diabetes to be current or long-term.

Mental and behavioural problems (estimates)

- Estimated number of males, females and persons with mental and behavioural problems, 2014-15 and 2017-18

Indicator detail: Mental health and behavioural problems were identified through self-reported information on long-term conditions as part of the NHS. When respondents aged 15 years and over reported a long-term mental or behavioural problem, the conditions were treated in a similar manner to other long-term conditions, such as diabetes and asthma. Some possible conditions were behavioural or emotional disorders; dependence on drugs or alcohol; feeling anxious or nervous; and depression and feeling depressed. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

In the 2014-15 NHS, a module specifically dedicated to mental and behavioural conditions was included to collect information on cognitive, organic and behavioural conditions. Previously mental and behavioural conditions were collected in a module that included a wide range of long-term health conditions. This year's module specifically collected data on depression, anxiety, and other mood (affective) disorders.
The number of persons who reported having a mental and behavioural condition in 2014-15 has increased since the 2011-12 AHS, potentially due to the greater prominence of mental and behavioural conditions in the new module. Data on mental and behavioural conditions for 2014-15 are therefore not comparable with data in previous National Health Surveys. For more information, refer to the ABS NHS: First Results, 2014-15. Note that no further changes were made in the 2017-18 NHS.

Circulatory system diseases (estimates)

- Estimated population with circulatory system diseases, 2007-08 and 2011-12

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with any long-term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had heart and circulatory conditions.

2011-12: As part of the AHS, respondents aged two years and over were asked if they had ever been told by a doctor or nurse that they had one or more heart or other circulatory system conditions and if they considered they currently have one or more such conditions. The following conditions, however, were assumed to be current long-term conditions:
- rheumatic heart disease;
- heart attack;
- heart failure;
- stroke;
- angina.

A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

Respiratory system diseases (estimates)

- Estimated population with respiratory system diseases, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2011-12 (NT, ACT) and 2017-18

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail: These data refer to persons ever told by a doctor or nurse that they have asthma, bronchitis, emphysema or other respiratory system disease; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

- Estimated population with asthma, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2011-12 (NT, ACT) and 2017-18

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with any long-term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had bronchitis or emphysema (chronic obstructive pulmonary disease [COPD]).

2011-12 and 2017-18: These data refer to persons ever told by a doctor or nurse that they have bronchitis or emphysema (chronic obstructive pulmonary disease [COPD]); or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.
Musculoskeletal system diseases (estimates)

- Estimated population with musculoskeletal system diseases, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2011-12 (NT, ACT) and 2017-18

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with any long-term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had musculoskeletal system disease.

2011-12 and 2017-18: These data refer to persons ever told by a doctor or nurse that they have a disease of the musculoskeletal system and connective tissue; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

- Estimated population with arthritis, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2011-12 (NT, ACT) and 2017-18

Notes: Refer to Notes for all estimates and Source information above.

Indicator detail:

2007-08: The data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with any long-term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had arthritis.

2011-12: In the AHS, these data refer to respondents who were asked whether they have, or had ever had:

- gout;
- rheumatism;
- arthritis;
- osteoarthritis;
- rheumatoid arthritis;
- other types of arthritis.

If they reported either gout or rheumatism, they were then asked whether their condition was expected to last for six months or more. If they identified an arthritis condition, other than gout or rheumatism, they were asked whether they had ever been told by a doctor or nurse that they have the condition. Only persons whose arthritis was current and long-term were recorded as having arthritis. Persons who reported having arthritis, which was not current and long-term, were recorded as not having arthritis. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

2017-18: These data refer to respondents who were asked whether they have, or had ever had:

- gout;
- rheumatism;
- arthritis;
- osteoarthritis;
- rheumatoid arthritis;
- other types of arthritis.

If they reported either gout or rheumatism, they were then asked whether their condition was expected to last for six months or more. If they identified an arthritis condition, other than gout or rheumatism, they were asked whether they had ever been told by a doctor or nurse that they have the condition. Only persons whose arthritis was current and long-term were recorded as having arthritis. Persons who reported having arthritis, which was not current and long-term, were recorded as not having arthritis. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more. Arthritis is defined as osteoarthritis, rheumatoid arthritis and other arthritis or type unknown, that is current and long-term.

The 2017-18 NHS differs from the 2011-12 AHS in that respondents were not immediately asked, in the first question of the module, whether they had ever been told by a doctor or nurse they have arthritis. For more information refer to the NHS Users’ Guide, 2017-18.

- Estimated population with rheumatoid arthritis, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2014-15 (NT, ACT) and 2017-18

Indicator detail:

2007-08: These data are self-reported data, reported to interviewers in the 2007-08 NHS. Respondents to the NHS were asked whether they had been diagnosed with rheumatoid arthritis and whether the condition has lasted or is expected to last for 6 months or more.

2014-15 and 2017-18: These data refer to persons ever been told by a doctor or nurse that they have rheumatoid arthritis and consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.
Prevalence of selected health risk factors for adults (estimates)

### Psychological distress (estimates)

- Estimated population, aged 18 years and over, with high or very high psychological distress based on the Kessler 10 Scale (K10), 2011-12 and 2017-18

**Notes:** Refer to [Notes for all estimates and Source information](#) above.

**Indicator detail:**

- **2011-12 and 2017-18:** Information was collected from respondents aged 18 years and over using the Kessler Psychological Distress Scale-10 (K10). This ten-item questionnaire yields a measure of psychological distress based on questions about negative emotional states (with different degrees of severity) experienced in the four weeks prior to interview. For each question, there is a five-level response scale based on the amount of time that a respondent experienced those particular feelings. The response options are ‘none of the time’; ‘a little of the time’; ‘some of the time’; ‘most of the time’; or ‘all of the time’. Each of the items are scored from 1 for ‘none’ to 5 for ‘all of the time’. Scores for the ten items are summed, yielding a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K10 results are commonly grouped for output. Results are grouped into the following four levels of psychological distress: ‘low’ (scores of 10-15, indicating little or no psychological distress); ‘moderate’ (scores of 16-21); ‘high’ (scores of 22-29); and ‘very high’ (scores of 30-50). Based on research from other population studies, a ‘very high’ level of psychological distress shown by the K10 may indicate a need for professional help. For the indicator in this atlas, data are for respondents aged 18 years and over who scored in the ‘high’ and ‘very high’ levels of psychological distress.

### Blood pressure (estimates)

- Estimated number of people aged 18 years and over who had high blood pressure, 2014-15 and 2017-18

**Indicator detail:** The modelled estimates are based on details of people in the sample who had their blood pressure measured in the NHS. High blood pressure is defined as measured systolic BP of 140 mmHg or more or diastolic BP of 90 mmHg or more, irrespective of the use of BP medication.

### Overweight, obesity and waist measurement (estimates)

- Estimated number of males, females and persons aged 18 years and over who were overweight (but not obese), 2014-15 and 2017-18

- Estimated number of males, females and persons aged 18 years and over who were obese, 2014-15 and 2017-18

**Indicator detail:** The Body Mass Index (BMI) (or Quetelet's index) is a measure of relative weight based on an individual's mass and height. The height (cm) and weight (kg) of respondents, as measured during the NHS interview, were used to calculate the BMI as follows:

- Overweight (but not obesity) was determined where a person’s BMI was between 25 and less than 30.
- Obesity was determined where a person’s BMI was 30 or greater.

The BMI is a useful tool at a population level for measuring trends in body weight, and helping to define population groups who are at higher risk of becoming obese, and therefore developing long-term medical conditions associated with a high BMI, such as type 2 diabetes and cardiovascular disease.

**Notes:**

- **2014-15:** The modelled estimates are based on the 73.2% of adults in the sample who had their height and weight measured.
- **2017-18:** The modelled estimates are based on the 66.2% of persons 18 years and over in the sample who had their height and weight measured. For respondents who did not have their height and weight measured, imputation was used to obtain height, weight and BMI scores. For more information refer to [Appendix 2: Physical measurements](#) in the ABS publication National Health Survey: First Results, 2017-18 (Cat. no. 4364.0.55.001).

- Estimated number of males, females and persons aged 18 years and over with a waist measurement indicating an increased/ substantially increased risk of developing chronic diseases, 2014-15 and 2017-18

**Indicator detail:** Waist circumference is a commonly used measure of whether a person is of a healthy weight or not. In particular, it provides a good estimate of body fat, and can indicate a person's potential risk of developing chronic diseases such as heart disease and Type 2 diabetes.
A waist measurement of 94cm or more for men or 80cm or more for women indicates that a person is at increased risk of developing chronic disease; see World Health Organisation, 2000, Obesity: preventing and managing the global epidemic. Report of a WHO Consultation, 2000, <http://libdoc.who.int/trs/WHO_TRS_894.pdf>; last accessed 13 January 2018.

**Smoking (estimates)**

- Estimated males, females and persons, aged 18 years and over, who were current smokers, 2007-08 (Aust, NSW, Vic, Qld, SA, WA, Tas) or 2011-12 (NT, ACT) and 2017-18

**Notes:** Refer to Notes for all estimates and Source information above.

**Indicator detail:**

2007-08 and 2011-12: The data on which the estimates are based are self-reported data, reported to interviewers in the 2007-08 NHS or 2011-12 AHS. A current smoker is an adult who reported at the time of interview that they smoked manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, and/or pipes at least once per week. It excludes chewing tobacco and smoking of non-tobacco products. As part of the survey, respondents aged 15 years and over were asked to describe their smoking status at the time of interview as:

1. current smokers: daily, weekly, other;
2. ex-smokers;
3. never smoked (those who had never smoked 100 cigarettes, nor pipes, cigars or other tobacco products at least 20 times, in their lifetime).

For the indicator in this atlas, data are for respondents aged 18 years and over who responded that they were “a current, daily or at least once weekly smoker”.

2017-18: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2017-18 NHS. A current smoker is an adult who reported at the time of interview that they smoked manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, and/or pipes at least once per week. It excludes chewing tobacco, electronic cigarettes (and similar) and smoking of non-tobacco products. As part of the NHS, respondents aged 18 years and over were asked to describe their smoking status at the time of interview as:

1. current smokers: daily, weekly, other;
2. ex-smokers;
3. never smoked (those who had never smoked 100 cigarettes, nor pipes, cigars or other tobacco products at least 20 times, in their lifetime).

For the indicator in this atlas, data are for respondents aged 18 years and over who responded that they were “a current, daily or at least once weekly smoker”.

**Fruit consumption (estimates)**

- Estimated number of adults aged 18 years and over with adequate fruit intake, 2014-15 and 2017-18

**Indicator detail:** Adequate fruit consumption as shown here is equivalent to the minimum number of serves recommended in the 2013 NHMRC Australian Dietary Guidelines, of 2 serves for people aged 18 years and over.

The data on which the estimates are based are self-reported responses, reported to interviewers in the 2014-15 or 2017-18 NHS.

**Exercise (estimates)**

- Estimated number of people aged 18 years and over who undertook low, very low or no exercise in the week prior to the survey, 2014-15 and 2017-18

**Indicator detail:** The data on which the estimates were based are self-reported responses, reported to interviewers in the NHS. The modelled estimates were based on data for exercise undertaken for fitness, sport or recreation in the week prior to being interviewed. Exercise level was calculated ‘Duration of exercise (minutes) x Intensity factor (walking for fitness = 3.5, moderate = 5, vigorous = 7.5): low, very low or no exercise refers to scores of less than 800.

**Disability**

- Assistance to persons with a disability (unpaid), 2006 and 2021

**Notes:** The 'Assistance to persons with a disability (unpaid)' variable records people who, in the two weeks prior to Census Night, spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness (lasting six months or more) and/or problems related to older age.

**Source:** Compiled by PHIDU based on the ABS Census 2006 and 2021 data.

- People with a profound or severe disability (includes people in long-term accommodation), All ages, 2006 and 2021
- Persons with a profound or severe disability and living in the community, All ages, 2006 and 2021
- Persons with a profound or severe disability (includes people in long-term accommodation), 0 to 64 years, 2006 and 2021
- Persons with a profound or severe disability and living in the community, 0 to 64 years, 2006 and 2021
• Persons with a profound or severe disability (includes people in long-term accommodation), 65 years and over, 2011 and 2021
• Persons with a profound or severe disability and living in the community, 65 years and over, 2011 and 2021

Notes for all People with a profound or severe disability and People with a profound or severe disability living in the community data: The 'Core Activity Need for Assistance' variable was developed by the Australian Bureau of Statistics (ABS) for use in the five-yearly population Census to measure the number of people with a profound or severe disability, and to show their geographic distribution. A person with profound or severe limitation needs help or supervision always (profound) or sometimes (severe) to perform activities that most people undertake at least daily, that is, the core activities of self-care, mobility and/or communication, as the result of a disability, long-term health condition (lasting six months or more), and/or older age. Fewer people are reported under this measure as having a profound or severe disability as are measured in the ABS Survey of Disability, Ageing and Carers (SDAC). The reasons for this are definitional (the SDAC approach, which uses a filtering approach to determine whether the respondent has a disability, and the severity) as compared to the self-report approach in the Census; and the large not-stated category in the Census data, with more people not responding to this set of questions than are reported as having a profound or severe disability. While the SDAC figures should be used as the measure for this concept, the Census data are appropriate for getting an understanding of the geographic distribution of this population group.

The ABS published figures are of people – of all ages/ aged 0 to 64 years/ aged 65 years and over, as appropriate – including those living in long-term residential accommodation in nursing homes, accommodation for the retired or aged (not self-contained), hostels for the disabled and psychiatric hospitals: the ‘total’ figure in this atlas includes people living in these accommodation types, whereas the figure for ‘living in the community’ excludes them.

Details of the total number of people with a disability – including those with a moderate or mild disability – are not available.

Source for all People with a profound or severe disability data: Compiled by PHIDU based on the ABS Census 2006 and 2021 (unpublished) data.

Calculation of death rates for quintiles over time

Note for all Median age at death, premature mortality and avoidable mortality:

Death rates were calculated by allocating deaths to one of five groups of areas (quintiles) based on the Index of Relative Socio-economic Disadvantage (IRSD\(^3\)) \(^1\). To produce quintiles of socioeconomic disadvantage, the smallest geographic areas for which the mortality data were available\(^4\) were ranked by their IRSD score and categorised into five population-equivalent groups, each comprising areas with 20% of the population. Deaths of people at ages 0 to 74 years were then allocated to the quintile into which the area (SLA or PHA) to which their address before death was coded; this was generally the classification for the July preceding the calendar year in which deaths were registered.

The IRSD scores for each Census were used to produce the quintiles for the Census year and the two years before and the two years after that Census year. So, the 2001 IRSD score was used to produce quintiles for 1999, 2000, 2001, 2002 and 2003. The exceptions were the 1986 IRSD, which was applied to the years 1987 and 1988, and the 2016 IRSD, which was applied to the years 2014 to 2017. A limitation of this approach using the IRSD, is that the Australian Bureau of Statistics, who produce the IRSD, undertake a principal components analysis following each Census, with some change in variables in the analysis. However, we are not aware of a more robust process for making this comparison.

Death rates were produced by indirect standardisation, using the Estimated Resident Population, available from the Australian Bureau of Statistics, which was applied to the years 2001 to 2017. A limitation of this approach using the IRSD, is that the Australian Bureau of Statistics, who produce the IRSD, undertake a principal components analysis following each Census, with some change in variables in the analysis. However, we are not aware of a more robust process for making this comparison.

Death rates were produced by indirect standardisation, using the Estimated Resident Population, available from the Australian Bureau of Statistics. Local area populations were those related to the year of the geographic classification to which the address of the deceased was coded; this was generally the classification for the July preceding the calendar year in which deaths were registered.

Reference


Median age at death

• Median age at death of males, 2003 to 2007 and 2016 to 2020
• Median age at death of females, 2003 to 2007 and 2016 to 2020
• Median age at death of persons, 2003 to 2007 and 2016 to 2020

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year’s data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process see the following and related sites:


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\(^3\) The IRSD is one of the Socio-Economic Indexes for Areas (SEIFA), produced by the Australian Bureau of Statistics (see reference \(^1\), above).

\(^4\) Mortality data from 1987 to 2011 were available by Statistical Local Area (SLA) and from 2012 on by Population Health Area (PHA).
Premature mortality by sex

- Deaths of males aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths of females aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Total deaths, 0 to 74 years, 1987 to 1991 and 2016 to 2020

Notes for all 1987 to 1991 Premature mortality by sex data: The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population (aged 0 to 74 years), based on the Australian standard.

Notes for all 2016 to 2020 Premature mortality by sex data: The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population (aged 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year’s data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process see the following and related sites: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument.

Source for all 1987 to 1991 Premature mortality by sex data: Data compiled by PHIDU from deaths data supplied by the ABS on behalf of the State and Territory Registrars of Births, Deaths and Marriages for 1987 to 1991; and the ABS Estimated Resident Population, 30 June 1987 to 1991.

Source for all 2016 to 2020 Premature mortality by sex data: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System.

The population is the ABS Estimated Resident Population (ERP), 30 June 2016 to 30 June 2020.

Premature mortality by selected cause

- Deaths from cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from colorectal cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from lung cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from breast cancer, females aged 0 to 74 years, 1997 to 2001 and 2016 to 2020
- Deaths from diabetic conditions, persons aged 0 to 74 years, 1997 to 2001 and 2016 to 2020
- Deaths from circulatory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from ischaemic heart disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from cerebrovascular disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from respiratory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from chronic obstructive pulmonary disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from suicide and self-inflicted injuries, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

Source for all 2003 to 2007 Median age at death data: Data compiled by PHIDU from deaths data supplied by the ABS on behalf of the State and Territory Registrars of Births, Deaths and Marriages for 2003 to 2007.

Source for all 2016 to 2020 Median age at death data: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System.

ICD-10 codes: C00-D48
- Deaths from cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020
- Deaths from colorectal cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: C18-C21, C26.0
- Deaths from lung cancer, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: C33, C34
- Deaths from breast cancer, females aged 0 to 74 years, 1997 to 2001 and 2016 to 2020

ICD-10 codes: C50
- Deaths from diabetes, persons aged 0 to 74 years, 1997 to 2001 and 2016 to 2020

ICD-10 codes: E10-E14
- Deaths from circulatory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: I00-I99
- Deaths from ischaemic heart disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: I20-25
- Deaths from cerebrovascular disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: I60-I69
- Deaths from respiratory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: J00-J99
- Deaths from chronic obstructive pulmonary disease, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: J40-J44
- Deaths from external causes, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: V01-Y98
- Deaths from road traffic injuries, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38. [5,6,7,9], V39.[4,5,6,9], V40-V48[5,6,7,9], V49[4,5,6,9], V50-V58[5,6,7,9], V59[4,5,6,9], V60-V68[5,6,7,9], V69[4,5,6,9], V70-V78[5,6,7,9], V79.[4,5,6,9], V81.1, V82.1, V82.9, V83-V86[0,1,2,3], V87, V89.2, V89.3
- Deaths from suicide and self-inflicted injuries, persons aged 0 to 74 years, 1987 to 1991 and 2016 to 2020

ICD-10 codes: X60-X84, Y87.0
Notes for all 1987 to 1991 and 1997 to 2001 Premature mortality by selected cause data: The data presented are the average annual indirectly age-standardised rates per 100,000 population (aged 0 to 74 years), based on the Australian standard.

Notes for all 2016 to 2020 Premature mortality by selected cause data: For all indicators, the data presented are the average annual indirectly age-standardised rates per 100,000 total population (aged 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard. The exception is for 'Deaths from breast cancer (females)', where the rates are limited to the female population.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process see the following and related sites: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument.

Source for all 1987 to 1991 Premature mortality by selected cause data: Data compiled by PHIDU from deaths data supplied by the ABS on behalf of the State and Territory Registrars of Births, Deaths and Marriages for 1987 to 1991; and the ABS Estimated Resident Population, 30 June 1987 to 1991.

Source for all 1997 to 2001 Premature mortality by selected cause data: Data compiled by PHIDU from deaths data supplied by the ABS on behalf of the State and Territory Registrars of Births, Deaths and Marriages for 1997 to 2001; and the ABS Estimated Resident Population, 30 June 1997 to 2001.

Source for all 2016 to 2020 Premature mortality by selected cause data: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the ABS Estimated Resident Population (ERP), 30 June 2016 to 30 June 2020.

Avoidable mortality

Background for all Avoidable mortality data: In 2010, the National Healthcare Agreement (NHA) included a performance indicator called Potentially Avoidable Deaths (PI-20). The specification for this indicator was endorsed by the Australian Health Ministers’ Advisory Council in 2009 based on advice from the National Health Information Standards and Statistics Committee (NHISSC).

On 4 December 2013, NHISSC agreed to the re-establishment of the Potentially Preventable Hospitalisations/Potentially Avoidable Deaths (PPH/PAD) Working Group to finalise specification of this performance indicator for the 2015 NHA report. Throughout 2014, work was done by the PPH/PAD Working Group, with further revisions by the Australian Institute of Health and Welfare (AIHW) and including additional NHISSC comments from several states. It also included an examination of the international work in avoidable mortality.

The data presented in this dataset are those listed in the PI-16 Potentially avoidable deaths, 2020.

Notes for all Avoidable mortality data: Deaths are defined as avoidable in the context of the present health system, based on the PI-16 Potentially avoidable deaths, 2020.

The data presented are the average annual directly age-standardised rates per 100,000 males/ females/ persons (aged 0 to 74 years); and/or directly age-standardised ratios, based on the Australian standard.

Not all of the causes of avoidable mortality are shown in this atlas as some have too few cases to be reliable indicators at the small area level.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year’s data is preliminary, the second latest is revised and the data for the remaining years is final. For further information about the ABS revisions process see the following and related sites: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument.

Additional note for all Avoidable mortality data: Some of the selected avoidable mortality indicators may comprise the same condition(s)/ ICD codes as the selected premature mortality indicators presented in the data/ maps.

Source for all Avoidable mortality data:

1997 to 2000: Data compiled by PHIDU from deaths data based on the 1997 to 2000 Cause of Death Unit Record Files supplied by the ABS on behalf of the State and Territory Registrars of Births, Deaths and Marriages. The population at the small area level (Statistical Area Level 2) is the ABS Estimated Resident Population (ERP), 30 June 1997 to 30 June 2000; the population standard is the ABS Estimated Resident Population for Australia at 30 June 2001.

2016 to 2020: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the ABS Estimated Resident Population (ERP), 30 June 2016 to 30 June 2020.

Avoidable mortality by sex

- Deaths from all avoidable causes, males aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Deaths from all avoidable causes, females aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Deaths from all avoidable causes, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020

Notes and Source for all Avoidable mortality by sex data: Refer to the Notes and Source for all Avoidable mortality data above.
Avoidable mortality by selected cause

- Avoidable deaths from cancer, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from colorectal cancer, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from breast cancer, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from diabetes, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from circulatory system diseases, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
  - Avoidable deaths from ischaemic heart disease, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
  - Avoidable deaths from cerebrovascular diseases, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from respiratory system diseases, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
  - Avoidable deaths from chronic obstructive pulmonary disease, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from selected external causes of mortality (Falls; fires, burns; Suicide and self-inflicted injuries; etc.), persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from suicide and self-inflicted injuries, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from other external causes of mortality (Transport accidents; Accidental drowning and submersion; etc.), persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020
- Avoidable deaths from transport accidents, persons aged 0 to 74 years, 1997 to 2000 and 2016 to 2020

Notes and Source for all Avoidable mortality by selected cause data: Refer to the Background, Notes and Source for all Avoidable mortality data above.

Use and provision of health and welfare services

Hospital admissions

Notes for all Hospital admissions data: The data presented are of the number of separations, or completions of the episode of care of a patient in hospital, where the completion can be the discharge, death or transfer of the patient, or a change in the type of care (e.g., from acute to rehabilitation). In this atlas the term ‘admission’ is used in place of the more technical ‘separation’. As these data relate to short-term episodes of care, and not to long-stay episodes, the number of admissions is similar to the number of separations in any year.

Note that the data are based on the count of all admissions. As such, repeat admissions for one person are counted as separate admissions. In addition, patients admitted to one hospital and transferred to another hospital are also counted as separate admissions. The impact of these hospital transfers is likely to result in a higher rate of admissions of people living in regional areas compared to the capital cities, as well as for certain conditions which are more likely to result in transfers.

Note that for reports and publications that results are not comparable between jurisdictions due to the variations in scope of hospitals for individual states and territories.

Impact of COVID-19 on hospitalisations in 2019-20: The Australian Institute of Health and Welfare provides comprehensive comment as to the impact of COVID-19 on hospitalisations. For example, see the details under the heading What impact has COVID-19 had on admitted patient activity. In addition, there were 166,821 fewer admissions in 2019/20 than in 2018/19, a decline of 2.9%. We are unable to comment on the extent to which the pandemic has impacted differentially on rates of hospitalisation across the geographic areas in the Atlas. However, a comparison of the whole-year data for 2018-19 and 2019-20 does not show any consistent differences when analysed by socioeconomic disadvantage of area, or Remoteness Area.

Exclusions: The national data published by the Australian Institute of Health and Welfare exclude well babies (i.e., babies not admitted for acute care) who are nine days older or less, other than the second or subsequent live born infant of a multiple birth whose mother is currently an admitted patient. [For further information see Australian Institute of Health and Welfare. Admitted patient care 2016-17: Australian hospital statistics. Health services series no. 84. (Cat. no. HSE 201) Canberra: AIHW; 2018.]

Same-day admissions for dialysis for kidney disease are presented separately and have been excluded from other admissions data, as they represent many repeat visits by a relatively small number of patients, who may have multiple admissions in a week; their inclusion can dramatically alter the geographic distribution of other categories of admissions (see the separate note for Same-day admissions for renal dialysis for further details). All other same-day admissions are included.

Confidentiality of data: Counts of less than five admissions have been suppressed.

Data were not provided to PHIDU by sector (i.e., separate data for public hospitals and private hospitals). As a result, data will not be available for Queensland, Tasmania, the Northern Territory or the Australian Capital Territory in each time period.

Detail of analysis: Indirectly age-standardised rate per 100,000 population; and/or indirectly age-standardised ratio, based on the Australian standard.
Note the following indicators are expressed as a rate per 100 live births;

- Admissions for certain conditions originating in the perinatal period, Persons - Public hospitals, All hospitals
- Admissions for a Caesarean section, females aged 15 to 44 years - Public hospitals, All hospitals

A standardised ratio (SR) provides a comparison to the Australian rate which is assigned a value of 100. Ratios below 100 are proportionally less than the national rate, while ratios above 100 are proportionally higher than the national rate. The SR is the ratio of the observed value to the expected value (the expected value is age-standardised).

**Source for all Hospital admissions data:**


**Admissions by hospital type and sex, various time periods**

- Male total admissions (excluding dialysis) - Public hospitals
- Male total admissions (excluding dialysis) - All hospitals
- Female total admissions (excluding dialysis) - Public hospitals
- Female total admissions (excluding dialysis) - All hospitals
- Total admissions (excluding dialysis) - Public hospitals
- Total admissions (excluding dialysis) - Private hospitals
- Total admissions (excluding dialysis) - All hospitals

**Notes and Source for all Admissions by hospital type and sex data:** Refer to the Notes and Source for all Hospital admissions data above.

**Hospital admissions by diagnosis, Males/ Females, various time periods**

- Infectious and parasitic diseases - Public hospitals
  
  **ICD-10-AM codes:** A00-B99
  
  - All cancers - Public hospitals
  
  **ICD-10-AM codes:** C00-D48
  
  - Endocrine, nutritional and metabolic diseases - Public hospitals
  
  **ICD-10-AM codes:** E00-E90
  
  - Mental health-related conditions - Public hospitals
  
  **ICD-10-AM codes:** F00-F99
  
  - Nervous system diseases - Public hospitals
  
  **ICD-10-AM codes:** G00-G99
  
  - Eye and adnexa diseases - Public hospitals
  
  **ICD-10-AM codes:** H00-H59
  
  - Ear and mastoid process disease - Public hospitals
  
  **ICD-10-AM codes:** H60-H95
  
  - Circulatory diseases - Public hospitals
  
  **ICD-10-AM codes:** I00-I99
  
  - Respiratory diseases - Public hospitals
  
  **ICD-10-AM codes:** J00-J99
  
  - Digestive diseases - Public hospitals
  
  **ICD-10-AM codes:** K00-K93
  
  - Skin and subcutaneous tissue diseases - Public hospitals
  
  **ICD-10-AM codes:** L00-L99
  
  - Musculoskeletal system and connective tissue diseases - Public hospitals
  
  **ICD-10-AM codes:** M00-M99
- Genitourinary system diseases - Public hospitals
  **ICD-10-AM codes:** N00-N99
- Pregnancy and childbirth 15 to 44 years (female only) - Public hospitals
  **ICD-10-AM codes:** O00-O99
- Injury and poisoning - Public hospitals
  **ICD-10-AM codes:** SO0-T98

**Notes and Source for all Admissions by diagnosis data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.

**Hospital admissions by diagnosis, Persons, various time periods**
- Infectious and parasitic diseases - Public hospitals
  **ICD-10-AM codes:** A00-B99
- All cancers - Public hospitals
  **ICD-10-AM codes:** C00-D48
  - Endocrine, nutritional and metabolic diseases - Public hospitals
    **ICD-10-AM codes:** E00-E90
  - Mental health related conditions - Public hospitals
    **ICD-10-AM codes:** F00-F99
  - Nervous system diseases - Public hospitals
    **ICD-10-AM codes:** G00-G99
  - Eye and adnexa diseases - Public hospitals
    **ICD-10-AM codes:** H00-H59
  - Ear and mastoid process disease - Public hospitals
    **ICD-10-AM codes:** H60-H95
  - Circulatory diseases - Public hospitals
    **ICD-10-AM codes:** I00-I99
  - Respiratory diseases - Public hospitals
    **ICD-10-AM codes:** J00-J99
  - Digestive diseases - Public hospitals
    **ICD-10-AM codes:** K00-K93
  - Skin and subcutaneous tissue diseases - Public hospitals
    **ICD-10-AM codes:** L00-L99
  - Musculoskeletal system and connective tissue diseases - Public hospitals
    **ICD-10-AM codes:** M00-M99
  - Genitourinary system diseases - Public hospitals
    **ICD-10-AM codes:** N00-N99
  - Certain conditions originating in the perinatal period - Public hospitals
    **ICD-10-AM codes:** P00-P96
  - Injury and poisoning - Public hospitals
    **ICD-10-AM codes:** SO0-T98

**Notes and Source for all Admissions by diagnosis data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.
Hospital admissions by procedure, various time periods

- **Tonsillectomy, all ages - Public hospitals**
  **ICD-10-AM codes**: 41789-00, 41789-01, 41787-01 and/or 41786-01

- **Myringotomy, 0 to 9 years - Public hospitals**
  **ICD-10-AM codes**: 41632-00 and/or 41632-00

- **Hysterectomy, females aged 30 to 59 years - Public hospitals**
  **ICD-10-AM codes**: Block 12688 or 1269 or a reported procedure code of 90450-00, 90450-01 and/or 90450-02

- **Caesarean section, females aged 15 to 44 years - Public hospitals**
  **ICD-10-AM codes**: Block 1340

  - **Coronary artery bypass graft - Public hospitals**
    **ICD-10-AM codes**: 38497-04, 38497-05, 38497-06, 38497-07, 38500-04, 38503-04, 90201-00, 90201-01, 90201-02, 90201-03, 38497-00, 38500-02, 38500-03, 38497-01, 38503-02, 38503-03, 38497-02, 38497-03, 38500-00, 38500-01, 38503-00, 38503-01, 38500-05 and/or 38503-05

  - **Coronary angioplasty - Public hospitals**
    **ICD-10-AM codes**: 38505-00, 38306-00, 38306-01, 38306-02, 38306-03, 38306-04, 38306-05, 38300-00, 38303-00, 38300-01, 38303-01, 38309-00, 38312-00, 38312-01, 38315-00, 38318-00 and/or 38318-01

  - **Cardiac catheterisation - Public hospitals**
    **ICD-10-AM codes**: 38200-00, 38218-01, 38203-00, 38206-00 and/or 38218-02

  - **Hip fracture - Public hospitals**
    **ICD-10-AM codes**: M84.45, S72.00-S72.05, S72.08, S72.10-S72.11, S72.2

  - **Knee replacement - Public hospitals**
    **ICD-10-AM codes**: 49527-00, 49554-00, 49530-00, 49533-00, 49530-01, 49517-00, 49518-00, 49519-00, 49534-01, 49521-00, 49521-01, 49521-02, 49521-03, 49524-00 and/or 49524-01

  - **Knee arthroscopy - Public hospitals**
    **ICD-10-AM codes**: 49557-00, 49503-00, 49560-03, 49562-01, 49561-01 and/or 49557-02

  - **Fibre optic colonoscopy - Public hospitals**
    **ICD-10-AM codes**: 32090-00, 32084-00, 32084-02 and/or 32090-02

  - **Fibre optic colonoscopy with excision - Public hospitals**
    **ICD-10-AM codes**: 32090-01, 32093-00, 32087-00 and/or 32084-01

**Notes and Source for all Admissions by procedure data**: Refer to the [Notes and Source for all Hospital admissions data](#) above.

Same-day renal dialysis, various time periods

- **Same-day dialysis for kidney disease - Public hospitals**

  **Additional indicator detail**: The data presented are of the number of same-day admissions for dialysis for kidney disease, including both haemodialysis and peritoneal dialysis, International Classification of Disease (ICD-10-AM) codes Z49.1 and Z49.2. There are two main types of dialysis: peritoneal, which occurs inside the body and can be performed almost anywhere, usually in the home setting; and haemodialysis, which occurs outside the body and is most often conducted in a hospital or satellite setting. The reason for presenting these data separately from overnight admissions is that they represent many repeat visits by a relatively small number of patients, who may have multiple admissions in a week. Their inclusion with other (overnight) admissions can dramatically alter the geographic distribution of these other categories of admissions. This is particularly evident in regional and remote areas, where dialysis facilities are located, and where those using them may have moved to live to be near the facility.

  **Confidentiality of data**: Counts of fewer than five admissions have been suppressed.

Data were not available for private dialysis units in Queensland, Tasmania, the Northern Territory or the Australian Capital Territory, to protect the confidentiality of the small number of private facilities in these jurisdictions. As a result, where data are published for public dialysis units and all dialysis units, the ‘all units’ data for these jurisdictions have also been confidentialised, as their publication would allow identification of the confidentialised private dialysis units. The ‘all units’ data in other jurisdictions have also been confidentialised where publication of public and all units data would allow identification of private hospital data confidentialised due to small cell sizes. The decision was made to confidentialise the ‘all units’ rather than the ‘public’ figure as admissions to public dialysis units comprise the majority of admissions, both overall and from the most disadvantaged areas.

**For additional notes and Source for all Same-day admissions data**: Refer to the [Notes and Source for all Hospital admissions data](#) above.
Potentially preventable hospitalisations - All conditions, various time periods

- All potentially preventable conditions - Public hospitals

**Notes and Source for all potentially preventable admissions data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.

Potentially preventable hospitalisations - Vaccine-preventable, various time periods

- Vaccine-preventable conditions - pneumonia and influenza - Public hospitals
- Total vaccine-preventable conditions - Public hospitals

**Notes and Source for all potentially preventable admissions data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.

Potentially preventable hospitalisations - Acute conditions, various time periods

- Acute cellulitis - Public hospitals
- Acute convulsions and epilepsy - Public hospitals
- Acute dental conditions - Public hospitals
- Acute ear, nose and throat infections - Public hospitals
- Acute urinary tract infections, including pyelonephritis - Public hospitals
- Total acute conditions - Public hospitals

**Notes and Source for all potentially preventable admissions data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.

Potentially preventable hospitalisations - Chronic conditions, various time periods

- Chronic angina - Public hospitals
- Chronic asthma - Public hospitals
- Chronic congestive cardiac failure - Public hospitals
- Chronic obstructive pulmonary disease (COPD) - Public hospitals
- Chronic diabetes complications - Public hospitals
- Chronic iron deficiency anaemia - Public hospitals
- Total chronic conditions - Public hospitals

**Notes and Source for all potentially preventable admissions data:** Refer to the [Notes and Source for all Hospital admissions data](#) above.

Emergency department presentations

- Emergency department total presentations, 2012/13 and 2019/20

**Notes:** Counts of fewer than five admissions have been suppressed to meet data confidentiality requirements.

**Source:** Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2012/13 and 2019/20; and the average of the ABS Estimated Resident Population, 30 June 2012 and 2013 and 30 June 2019 and 2020.