

Monitoring Inequality in Australia: Time series

Notes on the data

Published: September 2026

This page intentionally left blank

Notes on the Data: Contents

General information.....	v
Introductory information	v
Inequality Graphs	v
Geographical structures	v
Statistical information	v
Demographic and social indicators	1
Indigenous status	1
Birthplace & non-English-speaking residents	1
Non-English-speaking countries of birth.....	1
Total Fertility Rate	1
Education	1
Early child development: Australian Early Development Census	3
Learning or Earning.....	3
Families	4
Child care: unpaid	4
Volunteering.....	4
Housing, rent assistance and vehicle access	4
Income support recipients	7
Labour force.....	9
Private health insurance	10
Health status, disease prevention, disability, and deaths	11
Mothers and babies	11
Child and youth health	12
Screening programs	13
Bowel screening	13
Cancer incidence	14
National Health Survey/ Australian Health Survey estimates	15
Self-assessed health (estimates)	15
Prevalence of selected chronic disease and conditions (estimates)	16
Prevalence of selected health risk factors for adults (estimates)	18
Disability.....	20
Calculation of death rates for quintiles over time.....	21
Median age at death	21
Premature mortality by sex.....	21
Premature mortality by selected cause	22
Avoidable mortality	22
Avoidable mortality by sex	23

Avoidable mortality by selected cause	23
Potential years of life lost	24
Potential years of life lost, by age and sex.....	24
Potential years of life lost, by selected cause	24
Use and provision of health and welfare services.....	25
Commonwealth Home Support Programme (CHSP)	25
Hospital admissions	27
Same-day admissions for renal dialysis.....	29
Potentially preventable hospitalisations	29
Emergency department presentations.....	30

General information

Copyright

PHIDU content is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Australia



licence.

You may copy and distribute these data. However, you must attribute PHIDU as the copyright holder of the data in compliance with our [licensing and attribution of PHIDU content](#).

To view the full terms and conditions of this licence, refer to the [Creative Commons licence](#) information.

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.

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.

Demographic and social indicators

Indigenous status

Aboriginal population as per cent of total estimated resident population (ERP), 1998 and 2021

Indicator detail: 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 population s were developed.

Source:

1998: Developed by Prometheus Information Pty Ltd on behalf of the Australian Government Department of Health.

2021: ABS estimated resident population (produced as a consultancy for PHIDU), 30 June 2021.

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

Indicator detail: 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.

Source: For all Birthplace & non-English-speaking residents data (above), compiled by PHIDU based on the ABS Census 1996, 2001 and 2021 data

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

Indicator detail: The data comprise people born overseas who reported speaking English 'not well' or 'not at all'.

Source: Compiled by PHIDU based on the ABS Census 1996 and 2021 data.

Non-English-speaking countries of birth

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

Indicator detail: 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.

Source: Compiled by PHIDU based on the ABS Census 1996 and 2021 data.

Total Fertility Rate

Total Fertility Rate, 2004 to 2006 and 2024

Indicator detail: 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.

2022: Compiled by PHIDU based on the ABS data from *Table 2: Births, Summary, Statistical Area Level 2 - 2011 to 2022: Births, Australia 2022* (ABS Cat. no. 3301ODO002.0).

Education

People who left school at Year 10 or below, or did not go to school, 2006 and 2021

Indicator detail: 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 2006 and 2021.

Full-time participation in secondary school education at age 16, 1986 and 2021

Indicator detail: As data covering all sectors (government, non-government, Catholic and independent) 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 socioeconomic 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.

Participation in vocational education and training

Aboriginal population participation in VET, 2015 and 2024

Total population participation in VET, 2001 and 2024

Indicator detail: Vocational education and training (VET) data include all VET activity delivered in Australia to Australian residents by government providers (TAFE institutes, Universities and other government providers), community education providers, enterprise providers, private training providers and schools.

Note that student counts may be inflated as it is possible for students to attend multiple training providers within one collection period.

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.

Source:

2001: Compiled by PHIDU based on data from the National Centre for Vocational Education Research Ltd., 2001; and the ABS Usual Resident Population, 30 June 2001.

2015: Compiled by PHIDU based on data from the National Centre for Vocational Education Research Ltd., 2015; and the estimated resident population, 30 June 2015, based on data developed by Prometheus Information Pty Ltd, under a contract with the Australian Government Department of Health.

2024: Compiled by PHIDU based on data from the National Centre for Vocational Education Research DataBuilder (<https://www.ncver.edu.au/research-and-statistics/data/databuilder>), 2024; and the ABS estimated resident population (produced as a consultancy for PHIDU), 30 June 2021 (Aboriginal population) and ABS estimated resident population, 30 June 2024 (total population).

Subject completion rates in vocational education and training, 2015 and 2024

Subject completion rates in vocational education and training – Government-funded hours

Subject completion rates in vocational education and training – Private-funded hours

Subject completion rates in vocational education and training – Total student hours

Subject completion rates in vocational education and training – Aboriginal student hours

Indicator detail: Vocational education and training (VET) data include all VET activity delivered in Australia to Australian residents by government providers (TAFE institutes, Universities and other government providers), community education providers, enterprise providers, private training providers and schools.

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.

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 not granted + RPL granted.

Source:

2015: Compiled by PHIDU based on data from the National Centre for Vocational Education Research Ltd., 2015; and the estimated resident population, 30 June 2015, based on data developed by Prometheus Information Pty Ltd, under a contract with the Australian Government Department of Health.

2024: Compiled by PHIDU based on data from the National Centre for Vocational Education Research DataBuilder (<https://www.ncver.edu.au/research-and-statistics/data/databuilder>), 2024; and the ABS estimated resident population (produced as a consultancy for PHIDU), 30 June 2021 (Aboriginal population) and ABS estimated resident population, 30 June 2024 (total population).

School leavers enrolled at a university, various years

Indicator detail: The data comprise school leavers who are identified as enrolled at an Australian university on 31 March in the given year. 'School leavers' are students who attained an Australian Year 12 qualification in any State/Territory through the completion of one or more Year 12 courses; may include (unless noted otherwise below) adult students, part-time students and students doing one or more subjects to improve their overall score (repeating students).

The estimated resident population is the population aged of 17 years in the given year, as this is the age of the majority of Year 12 students. As age data at the small geographical area level are not available by single years, the number at age 17 was estimated from the number in the five-year age group 15 to 19 years.

Data have been provided by individual State and Territory tertiary admission centres. As these data were collected from each State and Territory, they may exclude people who live in one State/Territory and were enrolled in another.

Direct enrolments to universities were not included in the data collected. Currently, these represent a small proportion of total enrolments, other than in the ACT.

Definitions vary across the States; however, the impact of any differences is considered to be small.

South Australian data represent the number of school leavers that have received and accepted an offer to a university in South Australia and the Northern Territory; however, this is not necessarily indicative of the enrolment status as they may not have enrolled at the institution by 31 March of that year.

The University of Notre Dame (NSW and WA) did not provide data for the 2025 time period, and were not included in the final data published.

For more information, please consult the relevant admissions centre as listed in the *Source* below.

Source: Compiled by PHIDU based on data from the following:

Universities Admissions Centre (NSW & ACT), South Australian Tertiary Admission Centre (SA & NT), Tertiary Institutions Service Centre (WA), and the University of Tasmania (Tas.) for 2011 and 2025, and Victorian Tertiary Admissions Centre (Vic.) for 2016 and 2025.

ABS estimated resident population, 30 June 2011 and 2024.

Early child development: Australian Early Development Census

Developmentally vulnerable on one or more domains, 2009 and 2024

Developmentally vulnerable on two or more domains, 2009 and 2024

Physical health and wellbeing domain - developmentally vulnerable, at risk and on track, 2009 and 2024

Social competence domain - developmentally vulnerable, at risk and on track, 2009 and 2024

Emotional maturity domain - developmentally vulnerable, at risk and on track, 2009 and 2024

Language and cognitive (school-based) domain - developmentally vulnerable, at risk and on track, 2009 and 2024

Communication skills and general knowledge domain - developmentally vulnerable, at risk and on track, 2009 and 2024

Indicator detail: The Australian Early Development Census (AEDC) is a population census measuring the development of children in Australia in their first year of full-time school. It results report on the number of children scoring in the following percentile ranges: below 10th percentile (developmentally vulnerable), 11th to 25th percentile (developmentally at risk) and above the 25th percentile (developmentally on track).

Suppression rules:

For the **2009** period, data are not shown for areas where there were less than 15 children tested.

For the **2024** 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:

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

2024: Compiled by PHIDU based on data from the 2024 Australian Early Development Census (an Australian Government Initiative).

Learning or Earning

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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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

Indicator detail: 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 *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.

Housing Suitability - dwellings requiring extra bedrooms, 2016 and 2021

Indicator detail: 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. (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.

Households in dwellings receiving rent assistance from Australian Government, 2006 and June 2025

Indicator detail: 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, 2006 and the Department of Social Services, June 2025; and the ABS Census: Dwellings, 2006 and 2021, respectively.

Aboriginal households in dwellings receiving rent assistance from Australian Government, June 2016 and June 2025

Indicator detail: 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 2025; and the ABS Census: Dwellings, 2016 and 2021, respectively.

Dwellings rented from the government housing authority, 1986 and 2016

Source: Compiled by PHIDU based on the ABS Census 1996 and 2016 data.

Privately-owned rental dwellings, 2016 and 2021

Indicator detail: 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, 2016 and 2021.

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

Indicator detail: 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, 2016 and 2021.

Persons living in rented social housing, 2016 and 2021

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

Indicator detail: 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. Social housing: Occupied private dwellings rented from the government housing authority or, a community housing provider (housing co-operative, community or church group).

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, 2016 and 2021.

Low income households with mortgage stress, 2006 and 2021

Indicator detail: 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
- 2021 Income varies by State/ Territory: NSW, \$902; Vic, \$901; Qld, \$877; SA, \$755; WA, \$910; Tas, \$736; NT, \$1,101; ACT, \$1,347.

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 2021 (unpublished data).

Low income households with rental stress, 2006 and 2021

Indicator detail: 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
- 2021 Income varies by State/ Territory: NSW, \$902; Vic, \$901; Qld, \$877; SA, \$755; WA, \$910; Tas, \$736; NT, \$1,101; ACT, \$1,347.

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 2021 (unpublished) data.

Low income households under financial stress from mortgage or rent, 2011 and 2021

Indicator detail: 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 2011 and 2021 (unpublished) data.

Low income households, 2016 and 2021

Indicator detail: 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 2025

Indicator detail: 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.

2025 Age pensioners' data

The Age Pension is a support payment for people who have reached the qualifying age, with the amount paid subject to income and asset tests. The Age Pension age depends on a person's date of birth, as follows:

- 65 years and 6 months, if you were born between 1 July 1952 and 31 December 1953
- 66 years, if you were born between 1 January 1954 and 30 June 1955
- 66 years and 6 months, if you were born between 1 July 1955 and 31 December 1956
- 67 years, if you were born on or after 1 January 1957.

Source:

1996: Compiled by PHIDU based on data from the Department of Social Services, June 1996 and ABS estimated resident population, 30 June 1996

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025 and ABS estimated resident population, 30 June 2024.

Disability support pensioners, June 1996 and June 2025

Indicator detail: People who are described as 'disability support pensioners' are those who receive a Disability Support Pension from Services Australia (Centrelink). The Disability Support Pension (DSP) provides an income to people who meet strict criteria under non-medical and medical rules. Non-medical rules include restrictions around age, residence status and income and assets. Medical rules, described as 'manifest medical rules' and general medical rules, can be viewed [here](#). Data for the earlier period include the relatively small number of people receiving the Service pension (Age) from the Department of Veterans' Affairs.

Source:

1996: Compiled by PHIDU based on data from the Department of Social Services, June 1996 and Department of Veterans' Affairs, 1 July 1996 and the ABS estimated resident population, 30 June 1996.

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025 and ABS estimated resident population, 30 June 2024.

Female sole parent pensioners, June 1996 and 2025

Indicator detail: 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:

1996: Compiled by PHIDU based on data from Centrelink as agent for the Department of Education, Employment and Workplace Relations, June 1996 and the ABS estimated resident population, 30 June 1996.

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025; and Australian Bureau of Statistics estimated resident population, 30 June 2024.

People receiving an unemployment benefit, June 1996 and 2025

Indicator detail:

1996: People receiving an 'unemployment benefit' – which includes the Newstart Allowance or Youth Allowance (other)¹ paid by Centrelink – are shown as the proportion of the eligible population (of people aged 16 to 64 years). For total unemployment, this is the maximum of either Youth Allowance (other) plus Newstart Allowance or Newstart Allowance (180 days)/youth allowance (other)(<180 days) plus Newstart Allowance (180 days plus)/youth allowance (other)(<180 days plus).

2025: 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.

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.

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.

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025; and Australian Bureau of Statistics estimated resident population, 30 June 2024.

Young people aged 16 to 21 receiving an unemployment benefit, June 2008 and 2025

Indicator detail:

2008: Young people receiving an 'unemployment benefit' – which includes the Newstart Allowance (people aged 16 to 24 years) or Youth Allowance (other)¹ paid by Centrelink – are shown as proportion of the population aged 16 to 24 years who are looking for full-time work, studying part-time and looking for work, or temporarily unable to work. It excludes full-time students and those undertaking an apprenticeship/traineeship.

2025: Young people receiving an 'unemployment benefit' – which includes the Youth Allowance (other) paid by the Services Australia (Centrelink) – are shown as the proportion of the population aged 16 to 21 years who are looking for full-time work, studying part-time and looking for work, or temporarily unable to work. It excludes full-time students and those undertaking an apprenticeship/traineeship.

Source:

2008: Compiled by PHIDU based on data from the Department of Human Services, June; and the ABS estimated resident population, 30 June 2008.

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025; and Australian Bureau of Statistics estimated resident population, 30 June 2024.

People receiving an unemployment benefit for less than six months, June 2017 and 2025

Indicator detail: 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:

2017: Compiled by PHIDU based on data from the Department of Human Services, June 2017 and the Department of Social Services June 2023 and the ABS estimated resident population, 30 June 2017.

2025: Compiled by PHIDU based on data from Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025; and Australian Bureau of Statistics estimated resident population, 30 June 2024.

People receiving an unemployment benefit for longer than six months, June 2006 and 2025

Indicator detail: People receiving an 'unemployment benefit' – which includes the Newstart/ JobSeeker 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).

Source:

2006: Compiled by PHIDU based on data from the Department of Human Services, June 2006 and ABS estimated resident population, 30 June 2006.

2025: Compiled by PHIDU based on data from the Services Australia administrative dataset (Department of Social Services Blue Book dataset), 27 June 2025; and Australian Bureau of Statistics estimated resident population, 30 June 2024.

Low income, welfare-dependent families (with children), June 2006 and 2025

Children in low income, welfare-dependent families, June 2006 and 2025

Indicator detail: 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 **2025**, families included are those with one or more children under 16 years of age, with the household head not in the workforce, with incomes under \$33,535 p.a., in receipt of the Family Tax Benefit part A.

The level of income used for this data was based on the *Poverty Lines: Australia, June Quarter 2006 and 2025*, which contains a weekly income for families as described above, 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](#).

Source:

2006: Compiled by PHIDU based on data from the Department of Social Services, June 2006 and ABS Census 2006.

2025: Compiled by PHIDU based on data supplied by Services Australia (Department of Social Services FTB instalment dataset), June 2025; and ABS Census of Population and Housing 2021, for families and ABS estimated resident population 30 June 2024, for children under 16 years.

Pensioner Concession Card holders, June 2009 and June 2025

Indicator detail: People eligible for a Pensioner Concession Card (PCC) comprise those receiving any of the following payments:

- Age Pension
- Carer Payment
- Disability Support Pension
- JobSeeker Payment or Youth Allowance and are single, caring for a dependent child and looking for work
- Parenting Payment Single.

This indicator excludes details of Commonwealth Seniors Health Card holders.

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.

2025: Compiled by PHIDU based on data from the Services Australia administrative data (Department of Social Services DOMINO dataset, June 2025), and Australian Bureau of Statistics estimated resident population, 30 June 2024.

Health Care Card holders, June 2009 and 2025

Indicator detail: The Health Care Card is automatically issued to people who are not qualified for a Pensioner Concession Card, and are receiving:

- JobSeeker Payment, Partner Allowance, Sickness Allowance, Widow Allowance, Youth Allowance, Austudy, ABSTUDY Living Allowance, Mobility Allowance, Special Benefit, or Parenting Payment Partnered
- Carer Allowance (child)
- Carer Payment (child) on a short-term or episodic basis
- Exceptional Circumstances Relief Payment, Farm Household Allowance, Family Tax Benefit Part A (by fortnightly instalments and whose family income is below the Family Tax Benefit Part A lower income free area).

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.

2025: Compiled by PHIDU based on data from the Services Australia administrative data (Department of Social Services DOMINO dataset, June 2025), and Australian Bureau of Statistics estimated resident population, 30 June 2024.

Seniors Health Card holders, June 2014 and 2025

Indicator detail: 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 not qualify for a payment from the Department of Social Services (Centrelink) or the Department of Veterans' Affairs; meet an income test and be an Australian resident or have a special category visa

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.

2025: Compiled by PHIDU based on data from the Services Australia administrative data (Department of Social Services DOMINO dataset, June 2025), and Australian Bureau of Statistics estimated resident population, 30 June 2024.

Labour force

Unemployment, 1986 and June 2025

Indicator detail:

1996: Unemployment data for 1986 are comprised of persons aged 15 years and over who reported in the 1986 ABS Census of Population and Housing that they were unemployed and looking for part-time or full-time work in the week prior to Census night.

2025: The estimates for 2025 are from the *Small Area Labour Markets - Australia* data series, and 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:

- Current recipients of Youth Allowance (other) and current recipients of Newstart Allowance who are not on a zero rate of payment, by SA2; and

- 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).

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.

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.

2025: Compiled by PHIDU based on data from the Economics Branch, Australian Government Department of Employment and Workplace Relations, June Quarter 2025.

Labour force participation, 1986 and June 2025

Indicator detail:

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.

2025: 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 and labour force. 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). Additional details are available under the previous indicator

Source:

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

2025: Compiled by PHIDU based on data from the Economics Branch, Australian Government Department of Employment and Workplace Relations, June Quarter 2025; and the ABS estimated resident population, 30 June 2024.

Female labour force participation, 2006 and 2021

Indicator detail: Other labour force measures in this atlas (unemployment, labour force participation) have been compiled from data provided by DEEWR. As DEEWR do not produce small area estimates of female labour force participation, this indicator has been calculated from data in the ABS Population Census. As it is based on self-report, and not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey and utilised by DEEWR in their estimates, it will not necessarily be consistent with the data for total labour force participants.

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

Private health insurance

People aged 20 years and over with private health insurance, 2019-20 and 2023-24

Indicator detail: The data are sourced from Table 6: Individuals, Taxation Statistics 2019–20 and 2023–24 under the heading 'People with PHI'. The data only relate to those submitting an individual tax return, and count the income unit and not dependants covered under the policy. Therefore, if an individual with PHI submitted an income tax return but didn't complete the PHI section, they wouldn't be counted. In addition, the data exclude people receiving the Age Pension, as they are not required to lodge a tax return as Centrelink is withholding tax from their pension.

Income units with a post box address are excluded from the analysis.

Source: Compiled by PHIDU based on data from the Australian Taxation Office (Table 6: Individuals, Taxation Statistics) and the average of the estimated resident population, 30 June 2019 and 30 June 2020 and also 30 June 2023 and 30 June 2024, Australian Bureau of Statistics.

Health status, disease prevention, disability, and deaths

Mothers and babies

Notes for all Mothers and babies indicators

- For births; All births within the scope of the collection (births from 20 weeks gestation or of at least 400 grams birthweight) including terminations of pregnancy.
- For mothers; Total women who gave birth in the time period, whether resulting in a live or stillbirth, if the birthweight is at least 400 grams or the gestational age is 20 weeks or more. Includes women with not stated, missing or unknown number of visits, not stated smoking status and not stated BMI. terminations of pregnancy.
- All data exclude mothers and babies of mothers not usually resident in Australia. Australia totals include residents of external territories and the Australian Capital Territory (ACT)² but exclude mothers whose state or territory of usual residence was 'Not stated'. The sum of states and territories may not add to the Australian total.
- As the data are aggregated over three years, they may include women who gave birth more than once during the time period.

Geographic areas:

- For 2021, geographic areas were derived from Statistical Areas Level 2 (SA2) of the ABS 2016 Australian Statistical Geography Standard (ASGS).
- For 2022, geographic areas were derived from SA2 by applying:
 1. ABS 2016 ASGS to mothers who gave birth in and babies born in WA, SA, NT and
 2. ABS Third Edition 2021 ASGS to mothers who gave birth in and babies born in NSW, Vic, Qld, Tas.
- For 2023, geographic areas were derived from SA2 by applying the ABS Third Edition ASGS.

Low birthweight babies

Earlier period: 2003 to 2005 (SA), 2004 to 2005 (NT), 2004 to 2006 (NSW, Vic, WA & Tas), 2008 to 2010 (Qld)

Later period: 2021 to 2023

Indicator detail: The data comprise all babies (live born) weighing less than 2500 grams at birth, expressed as a proportion of all live births.

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 affects the time series published for quintiles and Remoteness Areas.

Source:

Earlier period: Compiled by PHIDU based on data from the SA Health (2003 to 2005), NT Department of Health and Families (2004 to 2005), NSW Department of Health (2004 to 2006), Vic Health (2004 to 2006), WA Department of Health (2004 to 2006), the Tasmanian Perinatal Database (2004 to 2006), and Perinatal Data Collection, Department of Health, Queensland (2008 to 2010).

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: 2003 to 2005 (SA), 2004 to 2005 (NT), 2004 to 2006 (NSW, WA & Tas), 2008 to 2010 (Qld), 2009 to 2011 (Vic)

Later period: 2021 to 2023

Indicator detail: The data comprise women who reported that they smoked during a pregnancy, expressed as a proportion of the number of pregnancies.

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 affects the time series published for quintiles and Remoteness Areas.

Source:

Earlier period: Compiled by PHIDU based on data from the SA Health (2003 to 2005), NT Department of Health and Families (2004 to 2005), NSW Department of Health (2004 to 2006), WA Department of Health (2004 to 2006), the Tasmanian Perinatal Database (2004 to 2006), Perinatal Data Collection, Department of Health, Queensland (2008 to 2010), and Vic Health (2009 to 2011).

² Data were only available for low birthweight babies (and not for the other indicators) for the ACT although not by PHA. Data for the ACT total, the ACT PHN, ACT Unincorporated (in the LGA workbook) and by quintile for 2022 consists of their 2022 data for January to October, supplemented by their 2021 data for November and December.

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

Women who gave birth and did not attend antenatal care within the first 10 weeks, 2016 to 2018 and 2021 to 2023

Indicator detail: The data comprise the number of women who gave birth and who did not attend their first antenatal visit before 10 weeks gestation, expressed as a proportion of total women who gave birth in the time period (data over 3 years), whether resulting in a live or stillbirth, if the birthweight is at least 400 grams or the gestational age is 20 weeks or more. Includes women with not stated or missing number of antenatal visits and 'Unknown number of visits'.

Source: 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 2023

Indicator detail: 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: 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 their third vaccination for DTP (diphtheria, tetanus and pertussis), third dose of OPV (oral polio vaccine) and third dose of Hib (Haemophilus influenzae type b), all prior to the age of 1 year.

2023: 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 two doses pneumococcal vaccine.

*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 from the Australian Childhood Immunisation Register.

Children fully immunised at 2 years of age, 2015 and 2023

Indicator detail: 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.

The definitions of fully immunised are:

In **2015 and 2023**, fully immunised at 2 years means that a child aged 24 to less than 27 months received four 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, three doses of pneumococcal vaccine, two doses of a measles, mumps and rubella-containing vaccine, one dose of meningococcal C vaccine, and one dose of varicella (chicken pox) vaccine.

*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 from the Australian Childhood Immunisation Register

Children fully immunised at 5 years of age, 2015 and 2023

Indicator detail: 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.

The definitions of fully immunised are:

In **2015 and 2023**, fully immunised at 5 years means that a child aged 60 to less than 63 months received four or five doses of a diphtheria, tetanus and whooping cough-containing vaccine, and four doses of polio vaccine.

*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 from the Australian Childhood Immunisation Register.

HPV vaccine coverage for males and females aged 15 years, 2015 and 2023

Indicator detail: The data presented for 2015 are for females and males who were aged 15 years in mid-2015, and who had received Dose 3 of the HPV vaccine. For 2021, comprises females and males who were aged 15 years in mid 2023 and who had received Dose 3 of the HPV vaccine one or more doses of the vaccine.

The data include only vaccinations administered to consumers whose residential address is located in Australia, including unknown postcodes, and excludes consumers who do not wish their details to be recorded on the Australia Immunisation Register for HPV.

Source:

2015: Compiled by PHIDU using data supplied from the National HPV Vaccine Program Register.

2023: Compiled by PHIDU using data supplied by Services Australia from the Australia Immunisation Register for HPV.

Infant mortality, 2003 to 2007 and 2019 to 2023

Indicator detail: 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 2006, 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. For further information about the ABS release process see *Revisions Process and other Quality Improvements* at:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12013?OpenDocument>.

However, data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

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

2019 to 2023: Data compiled by PHIDU from deaths data based on the 2019 to 2023 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 were compiled from data in Births Australia, available from

<https://www.abs.gov.au/statistics/people/population/births-australia/latest-release>; accessed 30 March 2026.

Youth mortality: Deaths of persons aged 15 to 24 years, 2011 to 2015 and 2019 to 2023

Indicator detail: The data presented are the average annual indirectly age-standardised rates per 100,000 population (aged 15 to 24 years), 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:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

Data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

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.

2019 to 2023: Data compiled by PHIDU from deaths data based on the 2019 to 2025 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 average of the ABS estimated resident population for Australia, 30 June 2019 to 30 June 2023.

Screening programs

Bowel screening

July 2011 and June 2012, (2012/13 for Tasmania and the Northern Territory),

Total males / females / persons who participated in the National Bowel Cancer Screening Program (NBCSP)

Earlier period: 2011 to 2012 (NSW, Vic, Qld, SA, WA, & ACT), 2012 to 2013 (Tas & NT)

Later period: 2022 to 2023

Conditions of Use for all *bowel screening*: Users of the National Bowel Cancer Screening Program (NBCSP) data must acknowledge the Department of Health as the original source of the data and include the following disclaimer:

- 1. Formal publication and reporting of the NBCSP data is undertaken by the Australian Institute of Health and Welfare on behalf of the Department of Health. NBCSP data included in this report provided by the Department of Health is not part of the formal publication and reporting process for NBCSP data.
- 2. Cautionary note about small numbers - Due to a larger degree of statistical fluctuation in small numbers, great care should be taken when assessing apparent differences involving small numbers and measures based on small numbers.

Indicator detail: The NBCSP has been phased in gradually. The initial target ages in 2006 were people turning 55 and 65, with 50-year-olds added from July 2008. From 2019, the government-funded NBCSP offers to all Australians aged 50–74 bowel screening every 2 years. From 1 July 2024, people aged 45 to 49 were able to join the program and screen for free. Available from: <https://www.aihw.gov.au/reports/cancer-screening/analysis-of-bowel-cancer-outcomes-nbcsp-2018/summary> and <https://www.health.gov.au/our-work/national-bowel-cancer-screening-program?language=en>.

2011 and 2012 or 2012 to 2013: The data comprise the number of males/ females/ persons aged 50, 55 or 65 years who participated in the National Bowel Cancer Screening Program between July 2011 and June 2012, (2012/13 for Tasmania and the Northern Territory), expressed as a proportion of the number of males/ females/ persons aged 50, 55 or 65 years who were invited to participate in the Program.

2022 and 2023: The data comprise the number of males/ females/ persons aged 50–74 years who were invited to participate in the National Bowel Cancer Screening Program between 1 January 2022 and 31 December 2023 and who returned a completed screening test within that period, or by 30 June 2024, expressed as a proportion of invitees.

Source:

Earlier period: Department of Health and Ageing.

Later period: AIHW analysis of the National Cancer Screening Register, 2011 and 2012, 2012 and 2013, 2022 and 2023.

National Bowel Cancer Screening Program: positive test result, males, females, persons, 2012/13 and 2022/23

Conditions of Use for all bowel screening: Users of the National Bowel Cancer Screening Program (NBCSP) data must acknowledge the Department of Health as the original source of the data and include the following disclaimer:

- 1. Formal publication and reporting of the NBCSP data is undertaken by the Australian Institute of Health and Welfare on behalf of the Department of Health. NBCSP data included in this report provided by the Department of Health is not part of the formal publication and reporting process for NBCSP data.
- 2. Cautionary note about small numbers - Due to a larger degree of statistical fluctuation in small numbers, great care should be taken when assessing apparent differences involving small numbers and measures based on small numbers.

Indicator detail: The NBCSP has been phased in gradually. The initial target ages in 2006 were people turning 55 and 65, with 50-year-olds added from July 2008. From 2019, the government-funded NBCSP offers to all Australians aged 50–74 years for bowel screening every 2 years. From 1 July 2024, people aged 45 to 49 were able to join the program and screen for free. Available from: <https://www.aihw.gov.au/reports/cancer-screening/analysis-of-bowel-cancer-outcomes-nbcsp-2018/summary> and <https://www.health.gov.au/our-work/national-bowel-cancer-screening-program?language=en>

2012 and 2013: The data comprise the number of males/ females/ persons aged 50, 55 or 65 years who received a positive test result from the Faecal Occult Blood Test (FOBT) in the National Bowel Cancer Screening Program between July 2012 and June 2013 expressed as a proportion of the number of males/ females/ persons aged 50, 55 or 65 years who participated in the National Bowel Cancer Screening Program between July 2012 and June 2013.

2022 and 2023: The comprise the number of males, females and persons aged 50–74 years who received a positive test result from the FOBT in the National Bowel Cancer Screening Program between 1 January 2022 and 31 December 2023, expressed as a proportion of those who returned a valid screening test between 1 January 2022 and 31 December 2023.

Where there are one to five events (positive test results) in an area, the data are suppressed to protect confidentiality.

Source: AIHW analysis of the National Cancer Screening Register, 2012 and 2013, and 2022 and 2023.

Cancer incidence

Cancer incidence by type, males, females and persons, 2010 to 2014 and 2017 to 2021

The data presented for 2017 to 2021 are estimates and will not necessarily match the actual numbers recorded in the records of the Cancer Registries. The estimates have been produced by spatial smoothing, using statistical modelling methods. This process combines information from neighbouring areas to reduce the impact of random variation that arises when case numbers are small. Smoothing can produce more stable and reliable estimates of underlying cases, making patterns easier to interpret and compare across areas. It may attenuate or emphasise differences in areas with small populations, and in doing so it may help distinguish meaningful variation from chance fluctuations. Further information is available [here](#).

Indicator detail: To protect confidentiality the following data have been suppressed:

- all data where there are fewer than five events in an area
- rates where there are from five to nine events in an area, though the number itself is shown
- data for the indicator, all other cancer incidence, where this could consequentially reveal other suppressed data.
- The data also exclude all cases of basal cell carcinoma (BCC) of the skin and squamous cell carcinoma (SCC) of the skin.

Separate data are presented for the following cancers:

1. Males:

- Bladder cancer incidence
- Colorectal cancer incidence
- Head and neck cancer incidence
- Kidney cancer incidence
- Leukaemia cancer incidence
- Lung cancer incidence
- Lymphoma cancer incidence
- Melanoma of the skin incidence
- Pancreatic cancer incidence
- Prostate cancer incidence
- Stomach cancer incidence
- All cancers incidence.

2. Females:

- Breast cancer incidence
- Colorectal cancer incidence
- Leukaemia cancer incidence
- Lung cancer incidence
- Lymphoma cancer incidence
- Melanoma of the skin incidence
- Ovarian cancer incidence
- Pancreatic cancer incidence
- Thyroid cancer incidence
- Uterine cancer incidence
- All cancers incidence.

3. Persons:

- Colorectal cancer incidence
- Leukaemia cancer incidence
- Lung cancer incidence
- Lymphoma cancer incidence
- Melanoma of the skin incidence
- Pancreatic cancer incidence
- All cancers incidence.

Additional data about these and other cancers are available from the Australian Institute of Health and Welfare website, <https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2019/contents/table-of-contents>.

Source: Compiled by PHIDU from an analysis by the Australian Institute of Health and Welfare (AIHW) of the Australian Cancer Database (ACD). The ACD is compiled at the AIHW from cancer data provided by state and territory cancer registries: for further information on the ACD see <https://www.aihw.gov.au/about-our-data/our-data-collections/australian-cancer-database>.

National Health Survey/ Australian Health Survey estimates

For all estimates of *self-assessed health, prevalence of selected chronic diseases and risk factors* from the 2011-12 Australian Health Survey and the 2014-15, 2017-18 and 2022 National Health Survey:

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.

The NHS/ AHS response rate provides a relatively 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.

Self-assessed health (estimates)

Estimated number of people aged 15 years and over, who reported their self-assessed health as fair or poor, 2014-15 and 2022

Indicator detail: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2014-15 or 2022 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'.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

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

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 refer 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.

Source: Data for 2007-08 supplied by ABS as a consultancy; for 2014-15, compiled by PHIDU based on direct estimates from ABS TableBuilder.

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. 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.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated number of males, females and persons with mood (affective) problems, 2014-15 and 2017-18

Indicator detail: Mood (affective) disorders were identified through self-reported information that respondents reported ever being told by a doctor or nurse that they had one or more mood (affective) disorders such as depression/ feeling depressed and that it was current and long-term at the time of the interview. A current and long-term condition is defined as a medical condition that has lasted or expected to last six months or more and was current at the time of the interview. Mood disorders include depression and other mood (affective) disorders. 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. 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.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2017-18 National Health Surveys, ABS TableBuilder.

Circulatory system diseases (estimates)

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

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.

Source: Data for 2007-08 supplied by ABS as a consultancy; for 2011-12, compiled by PHIDU based on direct estimates from ABS TableBuilder.

Respiratory system diseases (estimates)

Estimated population with respiratory system diseases, 2007-08, 2011-12 and 2017-18

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.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated population with asthma, 2007-08, 2011-12 and 2017-18

Indicator detail: These data refer to persons ever told by a doctor or nurse that they have asthma, and whose asthma is current or long term. Whether a person's asthma is current or not was determined by whether they had had any symptoms of asthma or taken treatment for asthma in the last 12 months. 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.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated population with chronic obstructive pulmonary disease, 2007-08, 2011-12 and 2017-18

Indicator detail: These data refer to persons ever told by a doctor or nurse that they have chronic obstructive pulmonary disease (COPD), and whose COPD is current or long term. Whether a person's COPD is current or not was determined by whether they had had any symptoms of asthma or taken treatment for asthma in the last 12 months. 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.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Musculoskeletal system diseases (estimates)

Estimated population with musculoskeletal system diseases, 2007-08, 2011-12 and 2017-18

Indicator detail: 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.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated population with arthritis, 2007-08, 2011-12 and 2017-18

Indicator detail: 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.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated population with rheumatoid arthritis, 2007-08, 2011-12 and 2017-18

Indicator detail: 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. For further information about arthritis estimates, refer to the arthritis indicator detail above.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Estimated population with osteoarthritis, 2007-08, 2011-12 and 2017-18

Indicator detail: These data refer to persons ever been told by a doctor or nurse that they have osteoarthritis 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. For further information about arthritis estimates, refer to the arthritis indicator detail above.

Source: Compiled by PHIDU based on direct estimates from the 2011-12 and 2017-18 National Health Surveys, ABS TableBuilder.

Prevalence of selected health risk factors for adults (estimates)

Psychological distress (estimates)

Estimated number of males and females (2017-18 and 2022) and persons (2011-12 and 2022) aged 18 years and over with High or Very high psychological distress based on the Kessler 10 Scale (K10)

Indicator detail:

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.

Source: Compiled by PHIDU based on direct estimates from the 2014-15, 2017-18 and 2022 National Health Surveys and the 2011-12 AHS, ABS TableBuilder.

Blood pressure (estimates)

Estimated number of people aged 18 years and over who had high blood pressure, 2014-15 and 2022

Indicator detail: The modelled estimates are based on details of people in the sample who had their blood pressure measurements taken 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.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

Overweight, obesity and waist measurement (estimates)

Estimated number of males, females and persons aged 18 years and over who were overweight (but not obese) or obese, 2014-15 and 2022

Indicator detail: The Body Mass Index (BMI) is a useful tool at a population level for measuring trends in body weight and in 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. The 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.

2014-15: The modelled estimates are based on the 73.2% of adults in the sample who had their height and weight measured.

2022: The modelled estimates are based on the 59.2% 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 [National Health Survey methodology](#).

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

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 2022

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, <https://iris.who.int/items/933e09aa-64f9-46e9-8dbb-78d8cddf1a3d>; last accessed 23 September 2026.

Note that the modelled estimates are based on the 60.4% of persons 18 years and over in the sample who had their waist measured (this was below the level in 2017–18, of 66.2%). 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 [National Health Survey methodology](#).

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

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 2022

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”.

2022: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2022 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”.

Source: Data for 2007-08 supplied by ABS as a consultancy; for 2011-12 and 2022, compiled by PHIDU based on direct estimates from ABS TableBuilder.

Fruit consumption (estimates)

Estimated number of adults aged 18 years and over with adequate fruit intake, 2014-15 and 2022

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 2022 NHS. For more information, refer to the ABS [Dietary behaviour](#).

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

Exercise (estimates)

Estimated number of people aged 15 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 indicator is based on self-reported responses, reported to interviewers in the 2022 NHS, as to exercise undertaken for fitness, sport or recreation in the week prior to being interviewed. The types of exercise covered were walking for fitness, recreation and sport, walking for transport, moderate exercise and vigorous exercise: workplace activity is not included in these estimates. Data presented here are for persons aged 15 years and over who did not meet Australia's Physical Activity and Sedentary Behaviour Guidelines 2014. The 2014 Guidelines recommend that:

Adults (18–64 years) should be active most days of the week, accumulate 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity (or an equivalent combination each week), and do muscle strengthening activities on at least two days each week

Older Australians (65 years and over) should accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days.

Source: Compiled by PHIDU based on direct estimates from the 2014-15 and 2022 National Health Surveys, ABS TableBuilder.

Children and young people

Estimated number of males, females, and persons aged 2-17 years who were overweight (but not obese), or obese, 2017-18 and 2022

Indicator detail: 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.

Note that the modelled estimates from 2022 are based on the 43.2% of children and young people aged 2 to 17 years in the sample who had their height and weight measured: this is markedly below the level in 2017–18 when it was 56.1%. For respondents who did not have their height and weight measured, imputation was used to obtain height, weight and BMI scores.

Source: Compiled by PHIDU based on direct estimates from the 2017-18 and 2022 National Health Survey, ABS TableBuilder.

Disability

Unpaid assistance to people with a disability, 2006 and 2021

Indicator detail: 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.

People with a profound or severe disability (includes people in long-term accommodation), All ages, 2006 and 2021

People with a profound or severe disability and living in the community, All ages, 2006 and 2021

People with a profound or severe disability (includes people in long-term accommodation), 0 to 64 years, 2006 and 2021

People with a profound or severe disability and living in the community, 0 to 64 years, 2006 and 2021

People with a profound or severe disability (includes people in long-term accommodation), 65 years and over, 2011 and 2021

People with a profound or severe disability and living in households, 65 years and over, 2011 and 2021

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

Calculation of death rates for quintiles over time

Death rates were calculated by allocating deaths to one of five groups of areas (quintiles) based on the Index of Relative Socio-economic Disadvantage (IRSD³ [1]). To produce quintiles of socioeconomic disadvantage, the smallest geographic area for which the mortality data were available⁴ 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: there were similar numbers of SLA's and PHA's. The death rate was then calculated for each quintile, with quintile 1 containing the highest socioeconomic status areas (least disadvantaged) and quintile 5 comprised of the lowest socioeconomic status areas (most disadvantaged). The same approach was applied to calculate the median age of death and avoidable mortality time series.

The IRSD scores for each Census year 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. 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

1. Australian Bureau of Statistics (ABS). Socio-Economic Indexes for Areas (SEIFA), Australia, 2021. Available from <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>, last accessed 3 May 2023.

Median age at death

Median age at death of males, females, persons, 2003 to 2007 and 2019 to 2023

Indicator detail: For detailed death data files released since 1 January 2006, the Australian Bureau of Statistics (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 are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS release process see *Revisions Process* at the following site:

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12012>.

Data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

The ages, as presented, have been rounded to the nearest 0.5 of a year – i.e., are presented as xx.5 or xx.0 years.

Source:

2003 to 2007: 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.

2019 to 2023: Compiled by PHIDU from deaths data based on the 2019 to 2023 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.

Premature mortality by sex

Deaths of males, females, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

Indicator detail: 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.

For deaths data released since 1 January 2006, 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 are designated as preliminary, the second latest as revised and the data for the remaining years as final. For further information about the ABS revisions process see the following and related sites:

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12012>.

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).

However, data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

Source:

1987 to 1991: 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 2019 to 2023.
2019 to 2023: Compiled by PHIDU from deaths data based on the 2019 to 2023 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 average of the ABS estimated resident population (ERP) for Australia, 30 June 2019 to 30 June 2023.

Premature mortality by selected cause

Deaths from cancer, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: C00-D48

Deaths from colorectal cancer, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: C18-C21, C26.0

Deaths from lung cancer, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: C33, C34

Deaths from breast cancer, females aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: C50

Deaths from diabetes, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: E10-E14

Deaths from circulatory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: I00-I99

Deaths from ischaemic heart disease, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: I20-25

Deaths from cerebrovascular disease, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: I60-I69

Deaths from respiratory system diseases, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: J00-J99

Deaths from chronic obstructive pulmonary disease, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: J40-J44

Deaths from external causes, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM codes: V01-Y98

Deaths from road traffic injuries, persons aged 0 to 74 years, 1987 to 1991 and 2019 to 2023

ICD-10-AM 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-V48.[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 2019 to 2023

ICD-10-AM codes: X60-X84, Y87.0

Indicator detail: For all indicators, the data presented are the average annual indirectly age-standardised rates per 100,000 total population (aged 0 to 74 years), 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 1 January 2006, 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 are designated as preliminary, the second latest as revised and the data for the remaining years as 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>.

However, data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

Source:

1987 to 1991: 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.

2019 to 2023: Compiled by PHIDU from deaths data based on the 2019 to 2023 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 average of the ABS estimated resident population (ERP) for Australia, 30 June 2019 to 30 June 2023.

Avoidable mortality

Indicator detail 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](#). The data presented are the average annual directly age-standardised rates per 100,000 males/ females/ persons (aged 0 to 74 years), 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 1 January 2006, 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 are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. 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>.

Data published for 2019 to 2023 are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

Some of the selected avoidable mortality indicators comprise the same condition(s)/ ICD codes as the selected premature mortality indicators presented in the Atlas.

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.

2019 to 2023: Data compiled by PHIDU from deaths data based on the 2019 to 2023 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 2019 to 30 June 2023.

Avoidable mortality by sex

Deaths from all avoidable causes, males aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Deaths from all avoidable causes, females aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Deaths from all avoidable causes, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Indicator detail and Source for all Avoidable mortality by sex data: Refer to the *Indicator detail 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 2019 to 2023

Avoidable deaths from colorectal cancer, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from breast cancer, females aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from diabetes, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from circulatory system diseases, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from ischaemic heart disease, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from cerebrovascular diseases, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from respiratory system diseases, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Avoidable deaths from chronic obstructive pulmonary disease, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

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 2019 to 2023

Avoidable deaths from suicide and self-inflicted injuries, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

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 2019 to 2023

Avoidable deaths from transport accidents, persons aged 0 to 74 years, 1997 to 2000 and 2019 to 2023

Indicator detail and Source for all Avoidable mortality by sex data: Refer to the *Indicator detail and Source for all Avoidable mortality data* above.

Potential years of life lost

Potential years of life lost in males, females, and persons (deaths before 75 years of age), 2013 to 2017 and 2019 to 2023

Indicator detail: The data presented are the sum of the number of years between the actual age at death and 75 years of age, for all deaths of each of males, females, persons over the years 2013-17 and 2019-23. The data are presented as average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 74 years), based on the Australian standard.

For deaths data released since 1 January 2006, 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 each release, the latest year's data are designated as preliminary, the second latest as revised and the data for the remaining years as 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: Data compiled by PHIDU from deaths data based on the 2013-17 and 2019-23 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 2013 to 30 June 2017 and 30 June 2019 to 30 June 2023.

Potential years of life lost, by age and sex

Potential years of life lost from deaths of males, females and persons by broad age group: 0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 77 years, 2014 to 2018 and 2019 to 2023

Indicator detail: The data presented are the sum of the number of years between the actual age at death and 75 years of age, for all deaths of each of males, females, persons over the years 2013-17 and 2019-23, by broad age group. The data are presented as average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 74 years), based on the Australian standard.

For detailed data files released since 1 January 2006, the Australian Bureau of Statistics (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 are designated as preliminary, the second latest as revised and the data for the earlier years as final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. 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: Data compiled by PHIDU from deaths data based on the 2014-19 and 2019-23 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 average of the ABS estimated resident population (ERP) for Australia, 30 June 2014 to 30 June 2018 and 30 June 2019 to 30 June 2023.

Potential years of life lost, by selected cause

Potential years of life lost from deaths of persons aged 0 to 74 years of age, by selected cause, 2014 to 2018 and 2019 to 2023

Indicator detail: Data are presented for the following (note that bracketed numbers below refer to codes in the International Classification of Diseases (ICD-10) chapters):

- Potential years of life lost from cancer (C00-D48)
- Potential years of life lost from colorectal cancer (C18-C20, C26.0)
- Potential years of life lost from lung cancer (C33, C34)
- Potential years of life lost from breast cancer (C50)
- Potential years of life lost from diabetes (E10 to E14)
- Potential years of life lost from circulatory system diseases (I00-I99)
- Potential years of life lost from ischaemic heart disease (I20-I25)
- Potential years of life lost from cerebrovascular disease (I60-I69)
- Potential years of life lost from respiratory system diseases (J00-J99)
- Potential years of life lost from chronic obstructive pulmonary disease (COPD) (J40-J44)
- Potential years of life lost from external causes (V01-Y98)
- Potential years of life lost from road traffic injuries (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-V48.[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)
- Potential years of life lost from suicide and self-inflicted injuries (X60-X84, Y87.0).

The data presented are the sum of the number of years between the actual age at death and 75 years of age for all deaths of each of the selected causes, for people, over the years 2014 to 2018 and 2019 to 2023. The data are presented as average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 74 years), based on the Australian standard.

For detailed data files released since 1 January 2006, the Australian Bureau of Statistics (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 are designated as preliminary, the second latest as revised and the data for the earlier years as final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. 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>.

Data published here are from the following releases: 2019, 2020 and 2021, final; and 2022 and 2023, preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2014 to 2018 and 2019 to 2023 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 2014 to 30 June 2018 and 30 June 2019 to 30 June 2023.

Use and provision of health and welfare services

Commonwealth Home Support Programme (CHSP)

Commonwealth Home Support Programme, 2020/21 and 2023/24

Indicator detail: The Commonwealth Home Support Programme (CHSP) replaced the Home and Community Care (HACC) program in mid-2015. The proportion of CHSP-funded agencies that submitted Home and Community Care (HACC) MDS data differed across jurisdictions. In 2020/21 this ranged from 75 per cent to 100 per cent. Actual client numbers will be higher than those reported here.

For some client types there are considerable differences in rates between the states and territories. In many cases, this is due to design legacies of jurisdictionally-based HACC programmes. For example, many Victorian Transport clients would be recorded as Social support clients. For more information see: [Commonwealth Home Support Programme Data Study](#).

All data are derived from Population Health Area (PHA) data that had values less than 5 suppressed. As a result, the number of clients and corresponding rates for areas derived from PHAs may be slightly underestimated.

The indicators include the following:

Assistance type	Definition	Measure
Clients living alone	Clients whose status is recorded as living alone at the date of most recent assessment.	Percentage of total clients
Clients with carer	Clients whose status is recorded as having a carer at the date of most recent assessment. The carer may be living with the client or not.	Percentage of total clients
Indigenous clients (per total clients)	Clients whose status is recorded as Indigenous at the date of most recent assessment.	Percentage of total clients
Indigenous clients (per Indigenous population)	Clients whose status is recorded as Indigenous at the date of most recent assessment.	Percentage of Indigenous population
Non-English-speaking clients	Clients whose main language spoken at home at the date of most recent assessment is not English.	Percentage of total clients
Total clients	All clients that recorded at least one instance of assistance for the time period.	Indirectly age-standardised rate and ratio (of the total population)
Allied health therapy clients	Includes physiotherapy, occupational therapy, podiatry, advice from a dietician or nutritionist, or speech therapy.	Indirectly age-standardised rate and ratio (of the total population)

Domestic assistance clients	House cleaning, washing and ironing, help with shopping, transport to and from banks and appointments etc., and general household support.	Indirectly age-standardised rate and ratio (of the total population)
Flexible respite clients	In-home day and overnight respite, host family day and overnight respite, mobile respite, other planned respite, and community access – individual respite.	Indirectly age-standardised rate and ratio (of the total population)
Goods and equipment clients	Medical care aids, reading aids, self-care aids, support and mobility aids, other goods and equipment, car modification, and communication aids.	Indirectly age-standardised rate and ratio (of the total population)
Home maintenance clients	Assistance with the maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition. This also includes minor modifications such as grab rails, hand rails, ramps, and shower rails to reduce the impact of disability on the activities of daily living.	Indirectly age-standardised rate and ratio (of the total population)
Home modification clients	Assistance with the maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition. This also includes minor modifications such as grab rails, hand rails, ramps, and shower rails to reduce the impact of disability on the activities of daily living.	Indirectly age-standardised rate and ratio (of the total population)
Meals clients	Provision of meals prepared and delivered to the client's home or provided in a community centre.	Indirectly age-standardised rate and ratio (of the total population)
Nursing clients	Health care provided to a client by a registered or enrolled nurse. This care can be provided from a community centre or in the client's home.	Indirectly age-standardised rate and ratio (of the total population)
Personal care clients	May include help with bathing, toilet use, eating, dressing and personal grooming.	Indirectly age-standardised rate and ratio (of the total population)
Social support (group) clients	Assistance provided by a companion either within the home or while accessing community services, whose primary purpose is to meet the person's need for social contact and/or accompaniment in order to participate in community life. This includes friendly visiting.	Indirectly age-standardised rate and ratio (of the total population)

Social support (individual) clients	Assistance provided by a companion either within the home or while accessing community services, whose primary purpose is to meet the person's need for social contact and/or accompaniment in order to participate in community life. This includes friendly visiting.	Indirectly age-standardised rate and ratio (of the total population)
Specialised support services clients	Assistance to provide or coordinate individual or group transport services.	Indirectly age-standardised rate and ratio (of the total population)
Transport clients	Assistance to provide or coordinate individual or group transport services.	Indirectly age-standardised rate and ratio (of the total population)

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, 2020/21 and 2023/24; and the average of the ABS estimated resident population, 30 June 2020 and 30 June 2021, and also 30 June 2023 and 2024 (for the indicator 'Indigenous clients per Indigenous population', the population used is the ABS Indigenous ERP, produced as a consultancy for PHIDU, 30 June 2021).

Hospital admissions

Indicator detail: 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.

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 dialysis for renal dialysis, below, for further details). All other same-day admissions are included.

1. Admissions by hospital type and sex (excluding same-day admissions for renal dialysis - Z491 to Z492):

- Male total admissions - Public hospitals/ All hospitals
- Female total admissions - Public hospitals/ All hospitals
- Total admissions - Public/ Private/ All hospitals

Also see note re hospital type under *Confidentiality of Data*.

2. Admissions by principal diagnosis:

Note: Bracketed numbers below refer to codes in the International Classification of Diseases (ICD-10-AM) chapters.

- Infectious and parasitic diseases (A00-B99), males/ females/ persons - Public hospitals
- All cancers (C00-D48), males/ females/ persons - Public hospitals
- Endocrine, nutritional and metabolic diseases (E00-E90), males/females/persons - Public hospitals
- Diabetes (E10-E14.9) - Public hospitals
- Mental health related conditions (F00-F99), males/ females/ persons - Public hospitals
- Mood affective disorders (F30-F39), males/females/persons - Public hospitals
- Nervous system diseases (G00-G99), males/ females/ persons - Public hospitals
- Eye and adnexa diseases (H00-H59), males/ females/ persons - Public hospitals
- Ear and mastoid process diseases (H60-H95), males/ females/ persons - Public hospitals
- Circulatory system diseases (I00-I99), males/ females/ persons - Public hospitals

- Ischaemic heart disease (I20-I25), males/females/persons - Public hospitals
- Heart failure (I50), males/females/persons - Public hospitals
- Stroke (I60-I64), males/females/persons - Public hospitals
- Respiratory system diseases (J00-J99), males/ females/ persons - Public hospitals
- Asthma (J45-J46), males/females/persons - Public hospitals
- Chronic obstructive pulmonary disease (COPD) (J40-J44), males/females/persons - Public hospitals
- Digestive system diseases (K00-K93), males/ females/ persons - Public hospitals
- Skin and subcutaneous tissue diseases (L00-L99), males/ females/ persons - Public hospitals
- Musculoskeletal system and connective tissue diseases (M00-M99), males/ females/ persons - Public hospitals
- Genitourinary system diseases (N00-N99), males/ females/ persons - Public hospitals
- Chronic kidney disease (Z49.0, E10.2, E11.2, E13.2, E14.2, I12, I13, I15.0, I15.1, N00-N07, N08, N11, N12, N14, N15, N16, N18, N19, N25-N28, N39.1, N39.2, E85.1, D59.3, B52.0, Q60-Q63, T82.4, T86.1), males/females/persons - Public hospitals
- Certain conditions originating in the perinatal period (P00-P96), persons - Public hospitals
- Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99), males/ females/ persons - Public hospitals
- Pregnancy, childbirth and the puerperium (O00-O99), females aged 15 to 44 years - Public hospitals
- Injury, poisoning and certain other consequences of external causes (S00-T98), males/ females/ persons - Public hospitals.

3. Admissions by principal diagnosis of injury or poisoning, by external cause:

Note: Bracketed numbers below refer to codes in the International Classification of Diseases (ICD-10-AM) chapters.

- Transport crash Injury (V00-V99), males/ females/ persons - Public hospitals
- Accidental poisoning (X40-X49), persons - Public hospitals
- Falls (W00-W19), males/ females/ persons - Public hospitals
- Injury due to exposure to inanimate mechanical forces (W20-W49), males/ females/ persons - Public hospitals
- Injury due to exposure to animate mechanical forces (W50-W64), males/ females/ persons - Public hospitals
- Intentional self-harm (X60-X84), males/ females/ persons - Public hospitals
- Assault (X85-Y09), males/ females/ persons - Public hospitals
- All diagnosis of injury or poisoning, by external cause, males/ females/ persons - Public hospitals.

4. Admissions by procedure type:

Note: Bracketed numbers below refer to codes in the International Classification of Diseases (ICD-10-AM)/ Australian Classification of Health Interventions (ACHI) for all procedures except hip fracture codes that are from the International Classification of Diseases (ICD-10-AM).

- Tonsillectomy, (41789-00, 41789-01, 41787-01 and/or 41786-01) - Public/ Private/ All hospitals
- Myringotomy, children aged 0 to 9 years (41632-02 (Insertion of myringotomy tube, unilateral), 41632-03 (Insertion of myringotomy tube, bilateral), 41626-00 (Myringotomy, unilateral) and/or 41626-01 (Myringotomy, bilateral)) - Public/ Private/ All hospitals
- Hysterectomy, females aged 30 to 59 years (block 1268 or 1269 or a reported procedure code of 90450-00, 90450-01 and/or 90450-02) - Public/ Private/ All hospitals
- Caesarean section, females aged 15 to 44 years (1340) - Public/ Private/ All hospitals
- Hip fracture (M84.45, S72.01, S72.02, S72.04, S72.05, S72.08, S72.03, S72.10, S72.11, S72.2 or S72.00) - Public/ Private/ All hospitals
- Fibre optic colonoscopy (block 905 (32090-00, 32084-00, 32084-02 and/or 32090-02)) - Public/ Private/ All hospitals
- Fibre optic colonoscopy with excision (block 911 (32090-01, 32093-00, 32087-00 and/or 32084-01)) - Public/ Private/ All hospitals.

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 acute hospitals and private hospitals). As a result, data are not available for Queensland, Tasmania, the Northern Territory or the Australian Capital Territory. Data are presented as indirectly age-standardised rate per 100,000 population, 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*
- *Admissions for a Caesarean section, females aged 15 to 44 years – Public/Private hospitals, All hospitals*

Source:

1995/96: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 1995/96; and the average of the ABS estimated resident population, 30 June 1995 and 1996.

2012/13: 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 the average of the ABS estimated resident population, 30 June 2012 and 2013.

2014/15: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2014/15; and the average of the ABS estimated resident population, 30 June 2014 and 2015.

2017/18: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the average of the ABS estimated resident population, 30 June 2017 and 2018.

2018/19: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2018/19; and the average of the ABS estimated resident population, 30 June 2018 and 30 June 2019.

2020/21: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2020/21; and the average of the ABS estimated resident population, 30 June 2020 and 30 June 2021.

2022/23: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2022/23; and the average of the ABS estimated resident population, 30 June 2022 and 30 June 2023.

Same-day admissions for renal dialysis

Same-day admissions for dialysis for kidney disease - Public hospitals, 2012/13 and 2022/23

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.

Note results may not be comparable between jurisdictions due to the variations in scope of hospitals for individual states and territories.

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.

All hospital admissions where addresses were unknown are included in the Australian total and are not presented by State/Territory.

Data are presented as indirectly age-standardised rate per 100,000 population, based on the Australian standard.

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2014/15 and 2020/21; and the average of the ABS estimated resident population, 30 June 2012 and 30 June 2013 and 30 June 2022 and 30 June 2023.

Potentially preventable hospitalisations

Potential preventable hospitalisations, public hospitals – by broad age groups: 0 to 14, 15 to 24, 25 to 44, 45 to 64, 65 years and over, and 75 years and over, 2014/15 and 2020/21

All potential preventable conditions- Public hospitals, 2014/15 and 2020/21

Potential preventable hospitalisations – Vaccine-preventable conditions

Vaccine-preventable conditions - pneumonia and influenza - Public hospitals, 2014/15 and 2020/21

Total vaccine-preventable conditions - Public hospitals, 2014/15 and 2020/21

Potential preventable hospitalisations – Acute conditions

Acute cellulitis - Public hospitals, 2014/15 and 2020/21

Acute convulsions and epilepsy - Public hospitals, 2014/15 and 2020/21

Acute dental conditions - Public hospitals, 2014/15 and 2020/21

Acute ear, nose and throat infections - Public hospitals, 2014/15 and 2020/21

Acute urinary tract infections, including pyelonephritis - Public hospitals, 2014/15 and 2020/21

Total acute conditions - Public hospitals, 2014/15 and 2020/21

Potential preventable hospitalisations – Chronic conditions

Chronic angina - Public hospitals, 2014/15 and 2020/21

Chronic asthma - Public hospitals, 2014/15 and 2020/21

Chronic congestive cardiac failure - Public hospitals, 2014/15 and 2020/21

Chronic obstructive pulmonary disease (COPD) - Public hospitals, 2014/15 and 2020/21

Chronic diabetes complications - Public hospitals, 2014/15 and 2020/21

Chronic iron deficiency anaemia - Public hospitals, 2014/15 and 2020/21

Total chronic conditions - Public hospitals, 2014/15 and 2020/21

Indicator detail: The data presented are of the number of separations, or completions of the episode of care of a patient in hospital, for the specified condition or disease. 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.

Data definitions for potentially preventable hospitalisations are in the National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations available through METeOR ([METeOR ID: 630028](#)). The indicator potentially preventable hospitalisations is described as a 'progress measure' under the National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2021 available through METeOR ([METeOR: 725793](#)).

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2014/15 and 2020/21; and the average of the ABS estimated resident population, 30 June 2014 and 30 June 2015 and 30 June 2020 and 30 June 2021.

Emergency department presentations

Emergency department presentations, by triage category, by principal diagnosis, by sex, by broad age group, 2012/13, 2017/18, 2018/19, and 2022/23

Indicator detail:

Earlier period:

- Emergency department presentations for persons uses data from 2012/13.
- Triage categories and Diagnoses use data from 2017/18.
- All other Emergency department presentations use data from 2018/19.

Later period include presentations to emergency departments (EDs) between 1 July 2022 and 30 June 2023. The data presented are sourced from the AIHW's National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), which is based on the Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set/National Best Endeavours Data Set (NMDS/NBEDS). The NNAPEDCD provides information on the care provided for non-admitted patients registered for care in EDs in public hospitals where the ED meets the following criteria:

- a purposely designed and equipped area with designated assessment, treatment, and resuscitation areas
- the ability to provide resuscitation, stabilisation, and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

The coverage of the NNAPEDCD was considered complete for public hospitals which meet the above criteria. The collection does not include all emergency services provided in Australia; for example, emergency service activity provided by private hospitals, or by public hospitals which do not have an ED that meets the above criteria are excluded (however, data may have been provided for some of these services by some States and Territories). This should be taken into account, particularly when comparing data between urban and regional areas, or by Remoteness Area. States and Territories provided ED diagnosis information in several classifications, including SNOMED CT-AU, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM); and various editions of ICD-10-AM. For the purpose of reporting principal diagnoses, the AIHW mapped the provided information to ICD-10-AM 10th edition codes, where necessary.

The provision of these services varies between the States and Territories, with the greatest geographical coverage in New South Wales. This can be seen in the maps of these data, by clicking on the button, in the map legend, labelled 'Public hospital emergency departments'.

In the PHIDU data workbooks and maps emergency department presentation data is presented by the following principal diagnosis and triage categories:

Triage category definitions:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes
- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

Chapter ICD-10-AM definitions:

Any of the reported principal diagnoses, as below:

- A00–B99 (Certain infectious and parasitic diseases)
- F00–F99 (Mental and behavioural disorders)
- I00–I99 (Diseases of the circulatory system)
- J00–J99 (Diseases of the respiratory system)
- K00–K93 (Diseases of the digestive system)
- M00–M99 (Diseases of the musculoskeletal system and connective tissue)
- N00–N99 (Diseases of the genitourinary system)
- S00–T98 (Injury, poisoning and certain other consequences of external causes)
- Z00–Z99 (Factors influencing health status and contact with health services)
- C00–D48, D50–D89, E00–E90, G00–G99, H00–H59, H60–H95, L00–L99, O00–O99, P00–P96, Q00–Q99, R00–R99, U50–Y98 (Other).

Data are presented as indirectly age-standardised rate per 100,000 population, based on the Australian standard. 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: 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, 2017/18, 2018/19, and 2022/23; and ABS estimated resident population, average of 30 June 2012/13, 2017/18, 2018/19, and 2022/23.