Social Health Atlas of Australia

Notes on the data

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General information

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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, disability, carers and deaths** and **Use and provision of health and welfare services**.

Geographical structures

Data are presented for areas designated as 'PHAs' - Population Health Areas, 'LGAs' - Local Government Areas, 'PHNs' - Primary Health Networks, 'Quintiles' - Quintiles of Socioeconomic Disadvantage of Area; 'Remoteness' - Remoteness Areas of Australia; and 'GCCSA' - Greater Capital Cities Statistical Areas.

For further information regarding the 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 indirectly standardised rates, based on the Australian standard. For further information on the statistics presented, refer to the **statistical information** available from the PHIDU website.

Calculation of measures for quintiles

Percentages and rates were calculated by allocating events (e.g., dwellings with no vehicle, deaths) to one of five groups of areas (quintiles) based on the 2021 Index of Relative Socio-economic Disadvantage (IRSD[1] [1]). To produce quintiles of socioeconomic disadvantage, the smallest geographic areas for which the data were available were ranked by their IRSD score and categorised into five population-equivalent groups, each comprising areas with 20% of the population. The percentage or rate for the event 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).

References

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.

Calculation of measures for Remoteness Areas

Percentages and rates were calculated using either the ABS Remoteness Structure, 2016 or 2021 [2].

References

2. Australian Bureau of Statistics (ABS). 1270.0.55.005 - Australian Statistical Geography Standard (ASGS): Edition 3 - Remoteness Structure, July 2021. Available from **https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure**, last accessed 31 July 2023.

Modelled estimates

In the absence of data from administrative data sets, estimates were produced for PHIDU by the Australian Bureau of Statistics (ABS), as a consultancy, for selected health risk factors from the National Health Surveys (NHS). Further details on the production of these estimates (referred to as modelled estimates) and caveats, follow.

Users of the modelled estimates should note that they do not represent data collected in administrative or other data sets. As such, they should be used with caution, and treated as indicative of the likely social dimensions present in an area with these demographic and socioeconomic characteristics.

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

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

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

The response rate for these surveys has provided a relatively high level of coverage across the population; however, the response rate among some groups is lower than among other groups, e.g., those living in the most disadvantaged areas have a lower response rate than those living 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. This and other limitations of the method mean that estimates have not been published for PHAs with populations under 1,000, or with a high proportion of their population in:

1) non-private dwellings (hospitals, gaols, nursing homes - and also excludes members of the armed forces);

2) in Very Remote areas;

3) in discrete Aboriginal communities; and

4) where a relative root mean square error (RRMSE) on the estimates was 1 or more (estimate replaced with ≠)

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

For the Primary Health Network (PHN) data, differences between the PHN totals and the sum of LGAs within PHNs result from the use of different population-based concordances.

Source*:* Estimates for Population Health Areas (PHAs) are modelled estimates and were produced by the ABS; estimates at the LGA and PHN level were derived in PHIDU from the PHA estimates.

Estimates for Quintiles and Remoteness Areas were compiled by PHIDU based on direct estimates from the 2017-18 National Health Survey/ 2014-15 National Health Survey/ 2011-12 Australian Health Survey, using ABS Survey TableBuilder.

Note that the modelled estimates published by PHIDU for the indicators *Profound or severe, Moderate or mild core activity limitation* and *Primary carers* were compiled from information published by the ABS.

Demographic and social indicators

Age distribution, various years

Estimated resident population (ERP), 2022

Male/female/total ERP by 5-year age group: 0-4 years to 85+ years and broad age groups: 0-14, 15-24, 25-44, 45-64, 65+, 70+, 75+, 85+ years, 2022
– by PHA, LGA, PHN, Remoteness (broad age groups only)

***Indicator detail*:** The data presented are the age and sex group total as a percentage of the total male/female/total population, as appropriate.

Source: Compiled by PHIDU based on ABS 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2022.

Aboriginal estimated resident population (ERP), 2021

2021 estimated Resident Aboriginal population by sex and broad age group: 0-14, 15-24, 25-34, 35-44, 45-54, 55+ years; or Remoteness Areas broad age group: 0-4, 5-14, 15-24, 25-44, 45-64, 65+ years, 2021
– by PHA, LGA, PHN, Remoteness

***Indicator detail*:** The age group as a percentage of the total Aboriginal population for males, for females and for persons.

PHIDU publishes Aboriginal population by age and sex for Population Health Areas (PHAs), Local Government Areas (LGAs) and Indigenous Areas (IAREs), and also uses these populations as a denominator when calculating percentages and rates for a large number of indicators for PHAs and IAREs.

As the Australian Bureau of Statistics (ABS) does not publish ERP by age and sex for the Aboriginal population, or by Indigenous status, for PHAs, LGAs or IAREs, PHIDU entered into a contract with the ABS to produce these data. Due to small populations in some areas, the ABS could only estimate the population by age and sex by Indigenous status for the following age groups:

PHA and LGA: 0-14, 15-24, 25-34, 35-44, 45-54 and 55+ years

IARE: 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64 and 65+ years

These estimates are consistent with those published by the ABS.

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

Aboriginal estimated resident population (ERP) compared with total Australian ERP, 2021

Aboriginal population as a percentage of the total estimated resident population (ERP), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Aboriginal population as a percentage of the total population.

PHIDU publishes Aboriginal population by age and sex for Population Health Areas (PHAs), Local Government Areas (LGAs) and Indigenous Areas (IAREs), and also uses these populations as a denominator when calculating percentages and rates for a large number of indicators for PHAs and IAREs.

As the Australian Bureau of Statistics (ABS) does not publish ERP by age and sex for the Aboriginal population, or by Indigenous status, for PHAs, LGAs or IAREs, PHIDU entered into a contract with the ABS to produce these data. Due to small populations in some areas, the ABS could only estimate the population by age and sex by Indigenous status for the following age groups:

PHA and LGA: 0-14, 15-24, 25-34, 35-44, 45-54 and 55+ years

IARE: 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64 and 65+ years

These estimates are consistent with those published by the ABS.

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

2021 estimated resident Aboriginal population, all ages, by broad age group (0-14, 15-24, 25-34, 35-44, 45-54, 55+ years) or by 5-year age group (Remoteness Areas only: 0-4 years to 65+ years), as a proportion of the total Australian population
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Aboriginal population in each age group as a percentage of the total population

PHIDU publishes Aboriginal population by age and sex for Population Health Areas (PHAs), Local Government Areas (LGAs) and Indigenous Areas (IAREs), and also uses these populations as a denominator when calculating percentages and rates for a large number of indicators for PHAs and IAREs.

As the Australian Bureau of Statistics (ABS) does not publish ERP by age and sex for the Aboriginal population, or by Indigenous status, for PHAs, LGAs or IAREs, PHIDU entered into a contract with the ABS to produce these data. Due to small populations in some areas, the ABS could only estimate the population by age and sex by Indigenous status for the following age groups:

PHA and LGA: 0-14, 15-24, 25-34, 35-44, 45-54 and 55+ years

IARE: 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64 and 65+ years

These estimates are consistent with those published by the ABS.

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

Population projections, 2025 and 2030

Male/ female/ total projected population by 5-year age groups: 0-14, 15-24, 25-44, 45-64, 65+, 70+, 75+, 85+ years, 2025 and 2030
– by PHA, LGA, PHN, Remoteness

***Indicator detail*:** The data presented are the age and sex group total as a percentage of the total male/female/total population, as appropriate.

Source: These data are based on customised projections prepared by the Australian Bureau of Statistics (ABS) for Geoscience Australia at the SA2 and LGA level. The projections are not official ABS data and are owned by Geoscience Australia. PHA data were compiled by PHIDU from SA2 data.

Birthplace & non-English-speaking residents, 2021

Australian-born population, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People born (overseas) in predominantly English-speaking countries, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People born in predominantly non-English-speaking (NES) countries, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People born in NES countries resident in Australia for five years or more, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People born in NES countries resident in Australia for less than five years, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The following countries are designated as 'predominantly English-speaking': 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 before 2017.

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.

The data exclude the 5.3% of the population who did not state their country of birth. In addition, the '*Resident in Australia for five years or more/ less than five years'* data exclude the 2.4% of people born overseas who did not state their year of arrival. The proportions excluded were calculated based on the Australian data.

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

People aged 5 years and over who were born overseas and reported poor proficiency in English, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

The numerator excludes the 0.5% of the population aged five years and over born overseas who did not state their language (other than English) spoken, or their proficiency in English: however, these records are included in the denominator.

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

Non-English-speaking countries of birth, 2021

Top ten birthplaces of people born in non-English-speaking countries, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

The numerator excludes the 5.3% of the population who did not state their country of birth: however, these records are included in the denominator.

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

Migration program and humanitarian program, 2021

Humanitarian migrants, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise permanent migrants entering Australia under the Offshore Humanitarian Program between 2000 and 9 August 2011; 2000 and 9 August 2016; and 10 August 2021.

Source: Compiled by PHIDU based on the ABS Census and Migrants Integrated Dataset, August 2021.

Family migrants, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise permanent migrants entering Australia on a Child, Partner or Other Family stream visa between 2000 and 9 August 2011; 2000 and 9 August 2016; and 10 August 2021. The family stream is designed for the migration of immediate family members of Australian citizens, permanent residents or New Zealand citizens.

Source: Compiled by PHIDU based on the ABS Census and Migrants Integrated Dataset, August 2021.

Skilled migrants, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise permanent migrants entering Australia on a Skill stream visa between 2000 and 9 August 2011; 2000 and 9 August 2016; and 10 August 2021. This includes both primary and secondary applicants (i.e. dependents of the primary applicant).

Source: Compiled by PHIDU based on the ABS Census and Migrants Integrated Dataset, August 2021.

Total migrants, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise the total permanent migrants entering Australia on a Humanitarian Program, Family visa, Skill stream visa or other visa between 2000 and 9 August 2011; 2000 and 9 August 2016; and 10 August 2021.

Source: Compiled by PHIDU based on the ABS Census and Migrants Integrated Dataset, August 2021.

Total fertility rate, 2022

Total fertility rate, 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Fertility is measured by the total fertility rate (TFR) which represents the average number of children that a woman could expect to bear during her reproductive lifetime: it is calculated from details of the age of the female population, the number of births and the age of the mother at birth

Total fertility rates are not shown for areas recording fewer than 5 births.

Source: 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

Children aged 4 years old, 5 years old, and 4 and 5 years old enrolled in a preschool program and children attending a preschool, 2022.
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise children aged 4 years old, 5 years old, and 4 and 5 years old:

- enrolled in a preschool program; and
- attending a preschool program

in both cases as a proportion of the estimated resident population (ERP) of children at those ages in 2022.

Note*:* The data for 2022 have been limited to 'Preschool' under the 'Sector' category that ABS provide in the Preschool TableBuilder dataset: data published by PHIDU in previous years included children in a 'Preschool program within centre-based day care' and 'Children across more than one provider type'. In the 2022 Preschool Census there were 165,516 in centre-based day care program and 45,363 children across more than one provider type.

These data are generally not published as percentages, as the age at which children commence preschool and leave preschool to enter primary school varies between jurisdictions and includes children at age three and age six. As we cannot replicate the results published by the ABS to produce a denominator that reflects these different ages across the states and territories at which children are enrolled in preschool, we have calculated the percentage of children at age four in preschool against the percentage of children in the population at this age. Unfortunately, this results in some proportions of over 100% and also occurs with those aged five, although it occurs less frequently with the total of children aged four and five years, for which data are also published. The instances over 100% occur, in part, because of the difficulty in estimating the population in small geographic areas by single-year ages. However, in order to provide an understanding of variations between geographic areas, we have calculated and published percentages. More information, including details of the ABS **calculation,** can be found at

https://www.abs.gov.au/statistics/people/education/preschool-education-australia/latest-release accessed *27th* July 2023.

As ERPs are not available by single year at the PHA level, the numbers of children at ages four and five were estimated by applying the proportion of children at these ages in the 0 to 4 and 5 to 9-year age groups at the 2021 Census to the 2022 ERP in the 0 to 4 and 5 to 9-year age groups.

Source: Compiled by PHIDU based on the ABS Preschool Education, Australia, 2022; data extracted from Survey TableBuilder, and estimated resident population, 2022 (calculated by PHIDU).

People who left school at Year 10 or below, or did not go to school, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***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 of Population and Housing, August 2021.

Full-time participation in secondary school education at age 16, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***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 2021 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 areas, by socioeconomic status and by remoteness.

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;*
- The numerator excludes the small proportion of the population aged 16 whose participation in secondary school education, or full-time/part-time status, was not stated: however, these records are included in the denominator; and
- percentages may be more than 100% due to the ABS' randomisation of both the numerator and denominator for confidentiality purposes.

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

Participation in vocational education and training, 2022 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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

Details of data presented

Separate data are presented for:

- Aboriginal population participation in VET
- Total population participation in VET

For a comparison by Indigenous status, see the *Indigenous Status Comparison, Social Health Atlas*.

Source:
Aboriginal participation: Compiled by PHIDU based on data from the **National Centre for Vocational Education Research DataBuilder**, 2022; and ABS estimated resident population (produced as a consultancy for PHIDU), 30 June 2021.

Total population participation: Compiled by PHIDU based on data from the **National Centre for Vocational Education Research DataBuilder**, 2022; and the ABS estimated resident population, 30 June 2022.

Subject completion rates in vocational education and training, 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

Definitions

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

The calculation for LPR is as follows:

Competency achieved passed + RPL granted, as a proportion of

Competency achieved passed + Competency not achieved failed + Withdrawn discontinued + RPL granted.

Details of data presented

Separate data are presented for subject completion rates for:

- Government-funded hours
- Private-funded hours
- Aboriginal students
- Total students

For a comparison by Indigenous status, see the *Indigenous Status Comparison, Social Health Atlas*.

Source: Compiled by PHIDU based on data from the **National Centre for Vocational Education Research DataBuilder**, 2022.

School leavers enrolled in higher education, 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data comprise school leavers who were identified as enrolled at an Australian university at 31 March 2023. 'School leavers' are students who attained an Australian Year 12 qualification in 2022 in any State/ Territory through the completion of one or more Year 12 courses; may include 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 2022, as this is the age of the majority of Year 12 students at 30 June 2022. As ERPs are not available by single year at the PHA level, the number at age 17 was estimated from their proportion in the five-year age group 15 to 19 years at the 2021 Census.

Data have been provided by individual State and Territory tertiary admission centres. As such, 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. In 2022, these represented a small proportion of total enrolments, other than in the ACT.

Additional notes:

Variations in data between States

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 2023.
- The University of Notre Dame (NSW and WA) did not provide data for the 2023 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:
1) Universities Admissions Centre (NSW & ACT), Victorian Tertiary Admissions Centre (Vic.), South Australian Tertiary Admission Centre (SA & NT), Tertiary Institutions Service Centre (WA), and the University of Tasmania (Tas.); and
2) the estimated resident population, 2022 (calculated by PHIDU).

Early childhood development: Australian Early Development Census, 2021

Developmentally vulnerable on one or more domains, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Developmentally vulnerable on two or more domains, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Developmentally on track on all five domains, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Physical health and wellbeing domain - developmentally vulnerable/ at risk/ on track, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Social competence domain - developmentally vulnerable/ at risk/ on track, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Emotional maturity domain - developmentally vulnerable/ at risk/ on track, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Language and cognitive (school-based) domain - developmentally vulnerable/ at risk/ on track, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Communication skills and general knowledge domain - developmentally vulnerable/ at risk/ on track, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Physical readiness for school day - developmentally vulnerable, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Physical independence - developmentally vulnerable, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Gross and fine motor skills - developmentally vulnerable, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Indicator detail*:** The AEDC results report on the number of children scoring in the following percentile ranges: 0 to 10th percentile (developmentally vulnerable), 11th to 25th percentile (developmentally at risk) and above the 25th percentile (developmentally on track). The PHIDU data are presented for children who were:

- Developmentally vulnerable (0 to 10th percentile) on one or more domains
- Developmentally vulnerable (0 to 10th percentile) on two or more domains

  and who were assessed as being developmentally vulnerable (0 to 10th percentile), at risk (11th to 25th percentile), and on track (above the 25th percentile) in the following domains:
- Physical health and wellbeing domain
- Social competence domain
- Emotional maturity domain
- Language and cognitive skills (school-based) domain
- Communication skills and general knowledge domain

  A number of new summary indicators were available from the 2021 AEDC Census. These were:
- On track on all five domains;
- Physical readiness for school day - developmentally vulnerable;
- Physical independence - developmentally vulnerable; and
- Gross and fine motor skills - developmentally vulnerable.

Data were downloaded from the AEDC website **https://www.aedc.gov.au/**.

The following suppression rules have been applied to the data to preserve confidentiality:

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

Learning or Earning, 2021

Learning or Earning at ages 15 to 24, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Indicator detail*:** The data comprise the number of 15 to 24 year old people who were engaged in school, work or further education/ training, expressed as a proportion of all those aged 15 to 24 years. Note that the data published by PHIDU for this indicator from the 2011 Census was for the 15 to 19-year age group.

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

Families, 2021

Single parent families with children aged less than 15 years, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Single parent families with children under 15 years, as a proportion of all families with children under 15.

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

Jobless families with children aged less than 15 years, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Families with children under 15 years in which no parent is employed, as a proportion of all families with children under 15.

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

Children aged less than 15 years in jobless families, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** Children aged under 15 years in families in which no parent is employed, as a proportion of all children under 15.

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

Children in families where the mother has low educational attainment, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data presented are of 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 of Population and Housing, August 2021 (unpublished) data.

Child care: unpaid, 2021

Child care to own child/children (unpaid), provided by people aged 15 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Child care to other child/children (unpaid), provided by people aged 15 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Total (unpaid) child care, provided by people aged 15 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***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 indicators presented are:

- Unpaid child care provided by peopled 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).

The data exclude the 6.4% of people aged 15 years and over whose engagement in unpaid child care was not stated (the proportion excluded was calculated based on the Australian data).

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

Volunteering, 2021

Voluntary work for an organisation or group – people aged 15 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

The numerator excludes the 6.4% of the population aged 15 years and over whose participation in voluntary work was not stated: however, these records are included in the denominator:

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

Housing, rent assistance and vehicle access

People living in crowded dwellings, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People 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 people 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.

People living in severely crowded dwellings, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People living in private dwellings assessed as needing four or more additional bedrooms to accommodate all people currently living in the household, according to the Canadian National Occupancy Standard (see **People 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 people living in crowded dwellings, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Aboriginal people living in private dwellings assessed as crowded according to the Canadian National Occupancy Standard (see **People 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 people living in severely crowded dwellings, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Aboriginal people living in private dwellings assessed as needing four or more additional bedrooms to accommodate all people currently living in the household, according to the Canadian National Occupancy Standard (see Aboriginal people living in crowded dwellings above).
Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

Housing Suitability - dwellings requiring extra bedrooms, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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. The measure assesses the bedroom requirements of a household by specifying that:

- there should be no more than two people 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.

The numerator excludes the 6.0% of dwellings for which the indicator could not be calculated, or was not stated: however, these records are included in the denominator.

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

Households receiving rent assistance from the Australian Government, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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, which is based on the number of private dwellings, 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.

Note: The denominator – private dwellings – is based on the 2021 Census, as private dwellings data are not available other than in Census years.

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and the Australian Bureaus of Statistics Census: Dwellings, 2021.

Aboriginal households receiving rent assistance from the Australian Government, June 2023 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: The rent assistance data are based on income units receiving Commonwealth Rent Assistance which have an Indigenous identifier. An income unit comprises a single person (with or without dependent children) or a couple (with or without dependent children). Single social security recipients living together in the same household are regarded as separate income units. An income unit is classified as Indigenous if at least one partner in the unit has indicated to the Department of Human Services (Centrelink) that he/she identifies as an Aboriginal or Torres Strait Islander. It is optional for individuals to identify as Indigenous. These data may therefore represent an undercount: to the extent that this occurs, the proportion, which is based on the number of private dwellings, 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. The denominator – occupied private dwellings with Aboriginal households – is based on 2021 Census data, as private dwellings data are not available other than in Census years.

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and the ABS Census: Dwellings, 2021.

Privately-owned rental dwellings, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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, August 2021

Social housing dwellings, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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.

The numerator excludes the 1.5% of dwellings for which tenure type was not stated: however, these records are included in the denominator.

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

People living in rental housing, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People living in privately-owned rental dwellings, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail*:* The data are of the number of people 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.

The numerator excludes the 1.5% of dwellings for which tenure type was not stated: however, these records are included in the denominator.

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

Low income households with mortgage stress, 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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, as a proportion of mortgaged private dwellings.

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.

Income varies by State/ Territory: NSW, $902; Vic, $901; Qld, $877; SA, $755; WA, $910; Tas, $736; NT, $1,101; ACT, $1,347. As a result, the State/Territory totals do not sum to the Australian total. A small part of the variation may also be due to data perturbation.

The data exclude the population in the 6.8% of private dwellings for which mortgage stress data was not calculated (the proportion excluded was calculated based on the Australian data).

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

Low income households with rental stress, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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, as a proportion of rented private dwellings.

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.

Income varies by State/ Territory: NSW, $902; Vic, $901; Qld, $877; SA, $755; WA, $910; Tas, $736; NT, $1,101; ACT, $1,347. As a result, the State/Territory totals do not sum to the Australian total. A small part of the variation may also be due to data perturbation.

The data exclude the 6.4% of households in rented private dwellings for which rental stress data was not calculated, due to complete income details not being available (the proportion excluded was calculated based on the Australian data).

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

Low income households under financial stress from mortgage or rent, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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 2021 (unpublished) data

Low income households, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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 2021 (unpublished) data

Private dwellings with no motor vehicle, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data exclude the population in the 3.0% of dwellings for which the number of motor vehicles was not stated (the proportion excluded was calculated based on the Australian data).

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

Homelessness, 2021

Estimated number of people experiencing homelessness, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data presented are estimates for people experiencing homelessness on Census night, expressed as a standardised rate per 10,000 people, based on the Australian standard. The data include people:

- living in improvised dwellings, tents or sleeping out
- living in supported accommodation for the homeless
- staying temporarily with other households
- living in boarding houses
- in other temporary lodgings
- living in ‘severely’ crowded dwellings

The number of people experiencing homelessness may be affected by measures put in place by Local and State Governments in response to the COVID-19 pandemic, which include:

- assisting people to access emergency accommodation in hotels / motels
- additional short-term or emergency accommodation
- additional programs and accommodation for women and children at risk of / or experiencing homelessness, from family and domestic violence
- supporting safe housing exits for individuals and families who received short-term hotel / motel accommodation

COVID-19 lockdown restrictions also made data collection difficult in a number of regions, so data was collected from other sources, or at other times.

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

Income support recipients, June 2020 and June 2023

Age pensioners, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The Age Pension is a support payment paid by the Department of Human Services (Centrelink) 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.

Data for those receiving the Service Pension (Age) from the Department of Veterans' Affairs are not included: this group comprised 1.7% of all age pensioners in 2022.

A very small number of Local Government Areas (LGAs) have proportions in excess of 100%: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the beneficiary not being allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population), as population estimates at the small area level for age groups can be unreliable, in particular for areas with proportionately high numbers of Aboriginal and Torres Strait Islander people (as is the case for this income support payment). It also indicates that it is possible that percentages of less than 100% may also be overstated.

For areas with proportions in excess of 100% we publish only the numbers (the numerator and denominator) and not the proportion.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the DSS Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**; accessed December 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Disability support pensioners, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: 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**.

People eligible for a Disability Support Pension (DSP), paid by The Department of Human Services (Centrelink)

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the Department of Social Services Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**; December 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Female sole parent pensioners, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People eligible for a Parenting Payment (single) paid by The Department of Human Services (Centrelink) comprise female and male sole parents with at least one child under 8 years of age (who meet certain qualifications). 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).

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

People receiving an unemployment benefit, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People receiving an 'unemployment benefit' - which includes the JobSeeker Payment or Youth Allowance (other) paid by The Department of Human Services (Centrelink) - are shown as a proportion of the eligible population (of people aged 16 to 21 years for the Youth Allowance (other), 22 to 64 years for the JobSeeker Payment).

For total unemployment, this is the sum of Youth Allowance (other) and JobSeeker Payment as a proportion of the population aged 15 to 64 years.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

In addition, where two indicators are added together to produce total unemployment, the sum of JobSeeker Payment and Youth Allowance (other), if one has been suppressed, this could also result in an undercount.

Source: Compiled by PHIDU based on data from DSS Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**, accessed 20 December 2023 for PHAs and data supplied by the Department of Social Services, June 2023 for LGAs; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

People receiving a JobSeeker Payment, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People receiving a JobSeeker Payment paid by The Department of Human Services (Centrelink) are shown as a proportion of the population aged 22 to 64 years.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from DSS Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**, accessed 20 December 2023 for PHAs and data supplied by the Department of Social Services, June 2023 for LGAs; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Young people receiving an unemployment benefit, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People receiving an 'unemployment benefit' those receiving the Youth Allowance (other) paid by the Department of Human Services (Centrelink) are shown as proportion of the population aged 16 to 21 years.

A very small number of Local Government Areas (LGAs) have proportions in excess of 100%: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the beneficiary not being allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population), as population estimates at the small area level for age groups can be unreliable, in particular for areas with proportionately high numbers of Aboriginal and Torres Strait Islander people (as is the case for this income support payment). It also indicates that it is possible that percentages of less than 100% may also be overstated.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

People receiving an unemployment benefit short-term, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: People receiving an 'unemployment benefit' – which includes the JobSeeker or Youth Allowance (other) paid by The Department of Human Services (Centrelink) – for less than 183 days (approximately 6 months) are shown as the proportion of the eligible population (of people aged 16 to 64 years).

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

People receiving an unemployment benefit long-term, June 2023 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: People receiving an 'unemployment benefit' – which includes the JobSeeker or Youth Allowance (other) paid by The Department of Human Services (Centrelink) – for 183 days (approximately 6 months) or more are shown as the proportion of the eligible population (of people aged 16 to 64 years).

A very small number of Local Government Areas (LGAs) have proportions in excess of 100%: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the beneficiary not being allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population), as population estimates at the small area level for age groups can be unreliable, in particular for areas with proportionately high numbers of Aboriginal and Torres Strait Islander people (as is the case for this income support payment). It also indicates that it is possible that percentages of less than 100% may also be overstated.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Low income, welfare-dependent families (with children), June 2023 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Children in low income, welfare-dependent families, June 2023 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Families included are those with children under 16 years of age, with the household head not in the workforce, and with incomes under $31,297 p.a. in receipt of the Family Tax Benefit (A) (whether receiving income support payments or not). These families would all receive the Family Tax Benefit (A) at the maximum level. The level of income used for these data was based on ***Poverty Lines: Australia***, *June Quarter 2022*, which contains a weekly income for a single parent with two children, including housing costs. Poverty Lines: Australia is a quarterly newsletter that updates the Henderson Poverty Line as defined in the 1973 Commonwealth Commission of Inquiry into Poverty. Poverty lines are presented for a range of family sizes, in order to avoid the situation of poverty. The updated Poverty Lines takes account of changes in the average income level of all Australians, reflecting the idea that poverty is relative.

A very small number of Local Government Areas (LGAs) have proportions in excess of 100% for the indicator of children in low income, welfare-dependent families: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the beneficiary not being allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population), as population estimates at the small area level for age groups can be unreliable, in particular for areas with proportionately high numbers of Aboriginal and Torres Strait Islander people (as is the case for this income support payment). It also indicates that it is possible that percentages of less than 100% may also be overstated.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2023; Australian Bureau of Statistics (ABS) Census of Population and Housing, August 2021 (families), and ABS estimated resident population 30 June 2022 (children under 16 years, population data at June 2023 not available at time of publication).

Pensioner Concession Card holders, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: You can get a Pensioner Concession Card if you receive 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.

The data exclude details of Health Care Card holders and Commonwealth Seniors Health Card holders.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the DSS Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**; accessed December 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Health Care Card holders, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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).

A very small number of Local Government Areas (LGAs) have proportions in excess of 100%: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the beneficiary not being allocated to the correct small geographical area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population), as population estimates at the small area level for age groups can be unreliable. It also indicates that it is possible that percentages of less than 100% may also be overstated.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells.

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

Source: Compiled by PHIDU based on data from the DSS Payment Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**; accessed December 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Seniors Health Card holders, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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 are those who have reached Age Pension age but do not qualify for a payment from the Department of Human Services (Centrelink) or the Department of Veterans' Affairs and meet income eligibility requirements.

The data exclude details of holders of Pensioner Concession Cars and Health Care Cards.

Population Health Area (PHA) data were derived from already suppressed Statistical Area Level 2 (SA2) data. Therefore, if a PHA includes an SA2 with suppressed data, there could be an undercount in the PHA. As State and territory totals were also provided, data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data and the State/Territory totals; these figures therefore include the sum of the suppressed SA2 cells

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

Source: Compiled by PHIDU based on data from the DSS Demographic Data, June 2023, available from **https://data.gov.au/data/dataset/dss-payment-demographic-data**; accessed December 2023; and Australian Bureau of Statistics estimated resident population, 30 June 2022 (population data at June 2023 not available at time of publication).

Internet access at home, 2016

This indicator was not included in the 2021 Census but has been retained as it is an important indicator of the distribution of the population with limited access to the Internet.

Private dwellings with no Internet connection, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Total private dwellings with an Internet connection, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Private dwellings with a Broadband Internet connection, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Private dwellings with a Dial-up Internet connection, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Private dwellings with an 'other' Internet connection, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Children aged less than 15 years living in dwellings from which Internet was not accessed, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data include Internet access at private dwellings only; the data for the population in the 3.5% of dwellings for which Internet access was not stated are excluded (the proportion excluded was calculated based on the Australian data).

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

Labour force

Unemployment, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Notes: 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 estimates of 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).

Impact on Labour Force during COVID-19 pandemic, as advised by Jobs and Skills Australia:

https://www.jobsandskills.gov.au/work/small-area-labour-markets#junequarter2023

COVID-19 has had a significant negative impact on the Australian labour market affecting both supply and demand, since March 2020, due to the shut-down of non-essential services, trading restrictions, workplace absences, illness, and reduced foot traffic.

It is important to note that the labour market's adjustment to COVID-19 has not been fully reflected in changes to the level of unemployment and the unemployment rate. COVID-19 lockdowns tended to result in a large number of people leaving the labour force. As these people were no longer participating in the labour force, they were not counted as unemployed by the ABS, leading to a much smaller increase in the unemployment rate than would have otherwise been expected, given the significant fall in employment that occurred during the lockdowns.

During the September quarter of 2021 mutual obligation requirements were temporarily paused in areas affected by COVID-19 and associated lockdowns, as well as in regions that were affected by flooding. This mutual obligation requirements can have an impact on the SALM data, as people may not have been searching for employment, in which case they would have been considered to not be in the labour force, rather than unemployed. Therefore, care should be exercised when interpreting SALM data from the June quarter 2020 onwards.

Source: Compiled by PHIDU based on data from the Labour Market Research and Analysis Branch, National Skills Commission, June Quarter 2023.

Labour force participation, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Notes: 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).

For areas with proportions in excess of 100% we publish only the numbers (the numerator and denominator) and not the proportion. Please note that areas with proportions of 100% or lower in the affected series may also be incorrect.

Impact on Labour Force during COVID-19 pandemic, as advised by Jobs and Skills Australia:

https://www.jobsandskills.gov.au/work/small-area-labour-markets#junequarter2023

COVID-19 has had a significant negative impact on the Australian labour market affecting both supply and demand, since March 2020, due to the shut-down of non-essential services, trading restrictions, workplace absences, illness, and reduced foot traffic.

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Source: Compiled by PHIDU based on data from the Labour Market Research and Analysis Branch, National Skills Commission, June Quarter 2023; and the ABS estimated resident population, 30 June 2022.

Female labour force participation, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This indicator is based on data in the ABS Population Census. As it is based on self-reported information, and is not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey, it will not necessarily be consistent with the official estimates of labour force participation published by the ABS.

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

Male labour force participation, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This indicator is based on data in the ABS Population Census. As it is based on self-reported information, and is not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey, it will not necessarily be consistent with the official estimates of labour force participation published by the ABS.

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

Private health insurance, 2020-21

Private health insurance, 2020-21
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Notes: The data are sourced from Table 6: Individuals, Taxation Statistics 2020–21 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 who have PHI and are receiving the Age Pension, as they are not required to lodge a tax return as the Department of Human Services (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 and the average of the estimated resident population, 30 June 2020 and 30 June 2021, Australian Bureau of Statistics

Summary measure of disadvantage, 2021

Index of Relative Socio-Economic Disadvantage (IRSD), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The Index has a base of 1000 for Australia: scores above 1000 indicate relative lack of disadvantage and those below 1000 indicate relatively greater disadvantage.

For further information see the information provided by the Australian Bureau of Statistics (ABS) at: **http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa** or download the ABS *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011* (Cat. no. 2033.0.55.001) technical paper at: **http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001**.

Source: Compiled by PHIDU based on ABS Socio-economic Indexes for Areas (SEIFA), 2021 data.
Note: The LGA data were re-produced from the ABS originals. Data for other geographic levels were constructed using population weighted averages, based on the published ABS SA2 data.

Health status, disease prevention, disability, carers and deaths

Mothers and babies, various years

Low birthweight babies, 2019 to 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

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

Data published prior to 2015 to 2017 were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data, provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

Data for many remote areas, particularly in Western Australia and Northern Territory, should be treated with caution, as the Australian Bureau of Statistics rate the quality of the population correspondence from SA2 to LGA in some LGAs as 'Poor'.

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

Smoking during pregnancy, 2019 to 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

Data published prior to 2015 to 2017 were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data, provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

Data for many remote areas, particularly in Western Australia and Northern Territory, should be treated with caution, as the Australian Bureau of Statistics rate the quality of the population correspondence from SA2 to LGA in some LGAs as 'Poor'.

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

Antenatal visits, 2019 to 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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'.

Note that as the data are aggregated over three years, they may include women who gave birth more than once during the time period.

Data for many remote areas, particularly in Western Australia and Northern Territory, should be treated with caution, as the Australian Bureau of Statistics rate the quality of the population correspondence from SA2 to LGA in some areas as 'Poor'.

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, various years

Children fully immunised at 1 year of age, 2 years of age and 5 years of age, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data presented are of children at 1 year of age, 2 years of age and 5 years of age on the Australian Childhood Immunisation Register (ACIR) who are fully immunised at 1 year of age, 2 years of age and 5 years of age: the definition of 'fully immunised' is available on the National Immunisation Program Schedule, which can be accessed **here**.

Data are not shown for areas where there were fewer than six children immunised.

Source: Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, 2021 calendar year.

HPV vaccine coverage: females aged 15 years in mid-2017, who received Dose 3 of the vaccine by 2018
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
HPV vaccine coverage: males aged 15 years in mid-2017, who received Dose 3 of the vaccine by 2018
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data presented are for females and males who were aged 15 years as at 30 June 2017, and who received three doses of the HPV vaccination and reported to the HPV Register by 3 October 2018. Females and males receiving all three doses represent those fully vaccinated.

Where there were fewer than ten participants in an area, the data are not shown; same level of confidentialisation applied to all geographies Information held by the National HPV Vaccination Program Register is provided to the Register from immunisation providers. The accuracy of the information is dependent on the quality and timeliness of the data provided. Every effort is made to ensure that the information recorded on the Register is up to date and correct.

There are a number of instances in which percentages calculated for an area show as greater than 100% in the data. These may occur as a result of the numerator (the number of females vaccinated) being inaccurate where:

- the limited size of populations in some geographical areas;

- the estimated nature of the denominator populations used; or

- an inaccurate numerator due to the data having not been geocoded, with the address data not being allocated to the correct PHA by the correspondence files available.

In time, with geocoding of address details, these occurrences should be reduced.

Source: Compiled by PHIDU using data from the National HPV Vaccination Program Register (NHVPR), November 2018; and the ABS Census estimated resident population (ERP) 2017.

Infant mortality, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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 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 are preliminary, the second latest are revised and the data for the remaining years are 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 here are from the following releases: 2018, 2019 and 2020 final; 2021 and 2022, preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The births data for 2018 to 2022 were compiled from the **ABS Births, Australia**.

Youth mortality: Deaths of people aged 15 to 24 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data presented are the average annual indirectly age-standardised rates per 100,000 population (aged 15 to 24 years); and/or indirectly age-standardised ratios, based on the Australian standard.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the remaining years are 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.**

However, data published here are from the following releases: 2018, 2019 and 2020, final; 2021 and 2022, preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Screening programs: various years

Bowel screening, 2020 and 2021

Total males who participated in the National Bowel Cancer Screening Program, 2020 and 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Total females who participated in the National Bowel Cancer Screening Program, 2020 and 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Total people who participated in the National Bowel Cancer Screening Program, 2020 and 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: 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 2020 and 31 December 2021 and who returned a completed screening test within that period, or by 30 June 2022, expressed as a proportion of those invitees.

Where there are one to five events (invitees, participants) in an area, the data are suppressed to protect confidentiality.

As addresses have not been geocoded, counts of events for geographic areas (e.g., Population Health Areas (PHAs)) are derived from a postcode to geographic area correspondence. The correspondence file apportions events in a postcode to a single or to multiple PHAs on the basis of the total population, and not on the specific age range applicable to those being screened. The PHA data are, therefore, estimates.

Source: AIHW analysis of the National Cancer Screening Register as at 14 January 2023 (NCSR RDE 14/01/2023).

National Bowel Cancer Screening Program: positive test result, males, 2020 and 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

National Bowel Cancer Screening Program: positive test result, females, 2020 and 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

National Bowel Cancer Screening Program: positive test result, people, 2020 and 2021 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: The outcome indicator presented is referred to as a 'positive test result'; a positive Faecal Occult Blood Test (FOBT) result indicates that blood has been found in the sample provided.

The data comprise the number of males/ females/ persons aged 50-74 years who received a positive test result from the FOBT in the National Bowel Cancer Screening Program between 1 January 2020 and 31 December 2021, expressed as a proportion of those who returned a valid screening test between 1 January 2020 and 31 December 2021.

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

As addresses have not been geocoded, counts of events for geographic areas (e.g., Population Health Areas (PHAs)) are derived from a postcode to geographic area correspondence. The correspondence file apportions events in a postcode to a single or to multiple PHAs on the basis of the total population, and not on the specific age range applicable to those being screened. The PHA data are, therefore, estimates.

Source: AIHW analysis of the National Cancer Screening Register as at 14 January 2023 (NCSR RDE 14/01/2023).

Breast screening, 2018 and 2019, and 2019 and 2020

Breast screening participation, females aged 50 to 74 years, 2018 and 2019, and 2019 and 2020 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: The participation rate is based on the actual number of women screened in the 24-month period as a percentage of the average of the ABS estimated resident population at 30 June for each year in the corresponding period. If a woman has attended more than once in the 24 months, she is counted once only, and the age is for the last screening episode attended in the 24-month period.

The data do not include women who undergo private screening; the impact of such services is estimated to be quite small – see: Department of Health and Ageing (2009) *BreastScreen Australia evaluation: Medicare Benefits Schedule (MBS) Mammography Analysis Project.* Screening monograph no. 11/2009. Canberra: Commonwealth of Australia.

Impact on screening during COVID-19 pandemic: The number of screening mammograms performed through BreastScreen Australia significantly declined in March 2020 as the COVID-19 pandemic worsened and tighter restrictions were put in place that included a suspension of all BreastScreen services from 25 March 2020 (see *Did fewer people screen for cancer during the COVID-19 pandemic?* At https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic). As a result, data have been included for two screening periods.

Note: As the BreastScreen data provided by the Australian Institute of Health and Welfare (AIHW) were not in geocoded form, counts of events for geographic areas (e.g., Population Health Areas (PHAs)) have been derived from a postcode to geographic area correspondence. The correspondence file apportions events in a postcode to a single or to multiple PHAs on the basis of the total population, and not on the specific age range applicable to those being screened, or of females. The PHA data are, therefore, estimates.

As data for BreastScreen WA for screening outcomes were not provided to PHIDU, the data for participation have also not been published.

Source: Compiled by PHIDU based on data from:
1) The Australian Institute of Health and Welfare from BreastScreen NSW, BreastScreen Victoria, BreastScreen Queensland, BreastScreen SA, BreastScreen Tasmania, BreastScreen NT, and BreastScreen ACT.

2) ABS estimated resident population, average of 30 June 2018 and 30 June 2019, and average of 30 June 2019 and 30 June 2020.

Breast screening outcomes - cancer, females aged 50 to 74 years, 2018 and 2019 (excl. WA), and 2019 and 2020 (excl. WA) *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: The breast screening outcomes for the 24-month period to the end of each calendar year are based on the actual number of women diagnosed with breast cancer as an age-standardised rate of the actual number of women screened for the two corresponding calendar years. If a woman has attended more than once in the 24 months, she is *counted* once only, and the age is for the last screening episode attended in the 24-month period.

Breast cancers include invasive breast cancer only.

The indirectly age-standardised rate per 10,000 women screened is based on the standard population of Australia, excluding Western Australia.

The data do not include women who undergo private screening; the impact of such services is estimated to be quite small – for reference, see ***Breast screening participation*** note above.

Impact on screening during COVID-19 pandemic: The number of screening mammograms performed through BreastScreen Australia significantly declined in March 2020 as the COVID-19 pandemic worsened and tighter restrictions were put in place that included a suspension of all BreastScreen services from 25 March 2020 (see *Did fewer people screen for cancer during the COVID-19 pandemic?* At https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic). As a result, data have been included for two screening periods.

Note: As addresses for BreastScreen data were not in geocoded form, counts of events for geographic areas (e.g., Population Health Areas (PHAs)) have been derived from a postcode to geographic area correspondence. The correspondence file apportions events in a postcode to a single or to multiple PHAs on the basis of the total population, and not on the specific age range applicable to those being screened, or of females. The PHA data are, therefore, estimates.

Data for BreastScreen WA for screening outcomes were not provided to PHIDU.

Source: Compiled by PHIDU based on data provided by the Australian Institute of Health and Welfare from BreastScreen NSW, BreastScreen Victoria, BreastScreen Queensland, BreastScreen SA, BreastScreen Tasmania, BreastScreen NT, and BreastScreen ACT.

Cervical screening, 2018 to 2020

Cervical screening participation, females aged 25 to 74 years, 2018 to 2020 *– by PHA, PHN, LGA, Quintiles, Remoteness*

Indicator detail: The participation rate for the 36-month period is based on the actual number of women screened as a percentage of the average of the ABS estimated resident population for 30 June 2018, 30 June 2019 and 30 June 2020, excluding an estimate of those who had undergone a full hysterectomy. If a woman has attended more than once in the 36 months, she is counted once only, and the age is taken from the first visit.

Impact on screening during COVID-19 pandemic: The AIHW report that data show a decline in the number of cervical screening tests from the second half of March 2020. The number of tests remained low throughout April, during which there were fewer than 30,000 cervical screening tests carried out. The number of cervical screening tests increased in May and June, with a slight decrease in July and August, before increasing again in September 2020. Even with these differences, the number of cervical screening tests appear to have levelled off in July to September 2020 (see *Did fewer people screen for cancer during the COVID-19 pandemic?* At https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic). While there were fewer cervical screening tests in 2020 compared with 2019, the impact of COVID-19 cannot be quantified without further years of data (as 2020 is the first year impacted by the transition to 5-yearly screening).

Source: Compiled by PHIDU based on data from the:
1) AIHW analysis of the NCSR (NCSR RDE 3.4.1 07/08/2021).
2) the average of the ABS estimated resident population, 30 June 2018 and 30 June 2020; the hysterectomy fraction data are derived from the AIHW analysis of the National Hospital Morbidity Database - available from Australian Institute of Health and Welfare 2016. Cervical screening in Australia 2013-14. Cancer series no. 97. Cat. no. CAN 95. Canberra: AIHW. Appendix C.

Cervical screening outcomes: high grade abnormality, females aged 25 to 74 years, 2018 to 2020 *– by PHA, PHN, LGA, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Cervical screening outcomes for the 36-month period are based on the number of women with a high-grade abnormality, detected on histology, as an age-standardised rate of the number of women screened in the corresponding calendar years. Where a woman has more than one high-grade abnormality detected, the most serious is counted. Where a woman has more than one high-grade abnormality of equal seriousness, the last is counted. If a woman has attended more than once in the 36 months with two high-grade abnormality results, she is counted once only, and her age is taken from the first visit.

High grade abnormalities are cervical intraepithelial neoplasia (CIN) that has been graded as moderate (CIN 2) or severe (CIN 3), or for which the grade has not been specified, as well as endocervical dysplasia and adenocarcinoma in situ.

Impact on screening during COVID-19 pandemic: The AIHW report that data show a decline in the number of cervical screening tests from the second half of March 2020. The number of tests remained low throughout April, during which there were fewer than 30,000 cervical screening tests carried out. The number of cervical screening tests increased in May and June, with a slight decrease in July and August, before increasing again in September 2020. Even with these differences, the number of cervical screening tests appear to have levelled off in July to September 2020 (see *Did fewer people screen for cancer during the COVID-19 pandemic?* At https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic). While there were fewer cervical screening tests in 2020 compared with 2019, the impact of COVID-19 cannot be quantified without further years of data (as 2020 is the first year impacted by the transition to 5-yearly screening).

Source: AIHW analysis of the NCSR (NCSR RDE 3.4.1 07/08/2021).

Screening ages for people born in Australia, 2021

People born in Australia for targeted screening programs, by selected age groups and sex, 2021

– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data are the Australian born population who are targeted for each of the Australian Federal, State and Territory Government national cancer screening programs (The National Bowel Cancer Screening Program, BreastScreen Australia, and The National Cervical Screening Program). Each program is targeted to specific populations and /or ages groups where evidence shows screening to be most effective. The National Bowel Cancer Screening program, provides (via postal service) a free home faecal occult blood test (FOBT), every 2 years to people aged 50 to 74 years of age. BreastScreen Australia is a joint initiative of the Australian, and State and Territory Governments, which provides a free mammogram every 2 years to women over 40 years of age. This program also actively invites women aged 50 to 74 years to participate in their preventative screening program. The National Cervical Screening Program every 5 years invites women and people with a cervix, aged 25 to 74 years, through their health care provider, to have a Cervical Screening Test.

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

Screening ages for non-English-speaking residents by length of residence in Australia, 2021

People born in predominantly non-English-speaking (NES) countries by selected age groups and sex, 2021

– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

People born in NES countries resident in Australia for five years or more by selected age groups and sex, 2021

– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

People born in NES countries resident in Australia for less than five years by selected age groups and sex, 2021

– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Indicator detail*:** The data are of people born in 'predominantly non-English-speaking countries' who are targeted for each of the Australian Federal, State and Territory Government national cancer screening programs (The National Bowel Cancer Screening Program, BreastScreen Australia, and The National Cervical Screening Program). Each program is targeted to specific populations and /or ages groups where evidence shows screening to be most effective. The National Bowel Cancer Screening program, provides (via postal service) a free home faecal occult blood test (FOBT), every 2 years to people aged 50 to 74 years of age. BreastScreen Australia is a joint initiative of the Australian, and State and Territory Governments, which provides a free mammogram every 2 years to women over 40 years of age. This program also actively invites women aged 50 to 74 years to participate in their preventative screening program. The National Cervical Screening Program every 5 years invites women and people with a cervix, aged 25 to 74 years, through their health care provider, to have a Cervical Screening Test.

The non-English-speaking countries comprise all but the following overseas countries, which are designated as 'English-speaking': Canada, Ireland, New Zealand, South Africa, United Kingdom and the United States of America.

Resident in Australia for five years or more: Data comprise NES residents arriving before 2017.

Resident in Australia for less than five years: Data comprise NES residents arriving from 2017 to 2021. The year 2021 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.

In the data workbooks, the numerator excludes the 5.3% of the population (this percentage varies across States/Territories) who did not provide their country of birth: however, these records are included in the denominator.

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

Cancer incidence, 2014 to 2018

Males
Bladder cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Colorectal cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Head and neck cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Kidney cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Leukaemia incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Lung cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Lymphoma incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Melanoma of the skin incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Pancreatic cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Prostate cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Stomach cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
All other cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
All cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*

Females
Breast cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Colorectal cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Leukaemia incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Lung cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Lymphoma incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Melanoma of the skin incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Ovarian cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Pancreatic cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Thyroid cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Uterine cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
All other cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
All cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Persons
Colorectal cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Leukaemia incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
Lung cancer incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Lymphoma incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Melanoma of the skin incidence, 2014 to 2018 – *by PHA, LGA, PHN, Quintiles, Remoteness*
Pancreatic cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
All other cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*
All cancer incidence, 2014 to 2018 – *by PHN, Quintiles, Remoteness*

Indicator detail: The data exclude all cases of basal cell carcinoma of the skin and squamous cell carcinoma of the skin. There may be slight differences between the data presented and other published data sources due to the data being derived from different base geographies.

To protect confidentiality, the following data have been suppressed:

- all data where there are fewer than five events in an area
- rates/ratios where there are from five to nine events in an area, though the number itself is shown

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**

Detail of analysis: Indirectly age-standardised rate per 100,000 population; or indirectly age-standardised ratio, based on the Australian standard.

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.**

Long-term health conditions, 2021

The ABS advise that the rationale for including the long-term health conditions topic in the 2021 Census was to:

- allow for cross-classification with other Census topics
- enable output for sub-populations (e.g., culturally and linguistically diverse or Aboriginal and Torres Strait Islander populations)
- enable data outputs at finer geographies than what can be achieved through existing health collections.

Apart from this new question in the Census, the ABS have multiple instruments to collect information about health conditions. These are in the form of the National Health Survey, National Aboriginal and Torres Strait Islander Health Survey and the Patient Experience Survey. Each instrument can be used to estimate rate of long-term health conditions across the Australian population. To understand the methodological differences in the creation of these estimates, the ABS have created a web document "Comparing ABS long-term health conditions data sources: Exploring the purpose, collection and concept of health data", available at: **https://www.abs.gov.au/statistics/detailed-methodology-information/information-papers/comparing-abs-long-term-health-conditions-data-sources**.

The document compares the purposes, the collection methods, and advantages and disadvantages of each of the instruments in defining estimates and provides a comparison of the derived Australian estimates for each long-term health conditions from their various collections. They highlight that the key point of difference is that the 2021 Census asks only a single long-term health conditions question while their targeted health surveys provide more detailed data about the health status of the populations under investigation. The ABS states that the "long-term health conditions data from the Census is not intended to provide prevalence estimates" and recommends that their health survey instruments should be used for national and state/territory level long-term health condition prevalence rates.

The benefit of asking the long-term health conditions question in the Australian Census context, as quoted by the ABS, is "that it allows for the analysis of long-term health conditions data at more detailed geographic and sub-population levels than ABS health surveys can support, and across a range of socio-economic and demographic dimensions." Given PHIDU's remit to publish small area statistics for monitoring inequality in health and wellbeing and for supporting opportunities to improve population health outcomes.

PHIDU have published the reported responses (albeit as standardised rates per 100 population) at the small area level as they can highlight variations across Australia from the national and state/ territory rates, a major purpose of the Social Health Atlas. However, given the comments above, the rates of long-term health conditions reported here at the national and state/ territory level should be used with caution, and the other caveats in the linked ABS document should also be borne in mind.

Definition of a long-term health condition, 2021

Long-term health conditions are those conditions diagnosed by a doctor or nurse, last six months or longer and include health conditions that:

- may recur from time to time, or
- are controlled by medication, or
- are in remission.

This variable records the type of selected long-term health condition(s) a person has reported. Respondents can record multiple long-term health conditions including:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema)
- mental health condition (including depression or anxiety)
- stroke
- any other long-term health condition(s).

As respondents can select multiple conditions, the count of components for this variable will not equal the total number of people.

Multiple variables are created from multiple responses from one or more long-term health conditions questions. Therefore, some variables do not have a non-response rate calculated. The non-response rate derived for the "Count of long-term health conditions (CLTHP)" in the 2021 Census was 8.1%.

Selected long-term health conditions, by number of conditions, all ages, 2021

These indicators exclude approximately one million people who had a long-term condition which was not one of the selected conditions listed by the ABS above.

People who reported they had one long-term health condition, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People who reported they had two long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People who reported they had three or more long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People who reported they had one or more long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People who reported they had no long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: This variable identifies the population who had no long-term health conditions/ one condition/ two conditions/ one or more conditions (as listed above), or any other long-term health conditions.

The data are comprised of people who report against this question, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

Selected long-term health conditions, by number of conditions, adults (15 years and over), 2021

People aged 15 years and over who reported they had one long-term health condition, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 15 years and over who reported they had two long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 15 years and over who reported they had three or more long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 15 years and over who reported they had one or more long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 15 years and over who reported they had no long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: This variable identifies the population aged 15 years and over who had no long-term health conditions/ one condition/ two conditions/ one or more conditions (as listed above), or any other long-term health conditions.

The data are comprised of people 15 years and over who report against this question, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

Selected long-term health conditions, by number of conditions, children and young people (0 to 14 years), 2021

People aged 0 to 14 years who reported they had one long-term health condition, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 0 to 14 years who reported they had two long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 0 to 14 years who reported they had one or more long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People aged 0 to 14 years who reported they had no long-term health conditions, 2021
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: This variable identifies the population aged 0 to 14 years who had no long-term health conditions/ one condition/ two conditions/ one or more conditions (as listed above), or any other long-term health conditions.

The data are comprised of people 0 to 14 years who report against this question, expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

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

Selected long-term health conditions, by condition; all ages, 2021

People who reported they had arthritis, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have arthritis.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Arthritis' on the Census form.

The question does not distinguish between osteoarthritis and rheumatoid arthritis; therefore, this variable will include respondents reporting both forms of arthritis.

The data are comprised of people who reported that they have had arthritis, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had asthma, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have asthma.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Asthma' on the Census form.

The data are comprised of people who reported they have had asthma, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had cancer (including remission), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have cancer.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'cancer (including remission)' on the Census form.

The data are comprised of people who reported they have had cancer, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had dementia (including Alzheimer's), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have dementia (including Alzheimer's).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'dementia (including Alzheimer's)' on the Census form.

The data are comprised of people who reported they have had dementia (including Alzheimer's), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had diabetes (excluding gestational diabetes), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have diabetes (excluding gestational diabetes).

The Census Health question does not distinguish between type 1 and type 2 diabetes; therefore, this variable will include respondents reporting both forms of diabetes.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Diabetes (excluding gestational diabetes)' on the Census form.

The data are comprised of people who reported they have had diabetes (excluding gestational diabetes), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had heart disease (including heart attack or angina), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have heart disease (including heart attack or angina).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Heart disease (including heart attack or angina)' on the Census form.

The data are comprised of people who reported they have had heart disease (including heart attack or angina), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had kidney disease, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have kidney disease.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Kidney disease' on the Census form.

The data are comprised of people who reported they have had kidney disease, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had a lung condition (including COPD and emphysema), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have lung condition (including Chronic Obstructive Pulmonary Disorder (COPD) and emphysema).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Lung condition (including COPD and emphysema)' on the Census form.

The data are comprised of people who reported they have had a lung condition (including COPD and emphysema), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had a mental health condition (including depression and anxiety), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people who reported they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had a stroke, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they had a stroke.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Stroke' on the Census form.

The data are comprised of people who reported they have had stroke, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

People who reported they had any other long-term health conditions, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema)
- mental health condition (including depression or anxiety)
- stroke.

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

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

Selected long-term health conditions, by condition; adults (15 years and over), 2021

People aged 15 years and over who reported they had arthritis, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have arthritis.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Arthritis' on the Census form.

The question does not distinguish between osteoarthritis and rheumatoid arthritis therefore this variable will include respondents reporting both forms of arthritis.

The data are comprised of people aged 15 years and over who reported they have had arthritis, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had asthma, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have asthma.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Asthma' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had asthma, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had cancer (including remission), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have cancer.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'cancer (including remission)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had cancer, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had dementia (including Alzheimer's), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have dementia (including Alzheimer's).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'dementia (including Alzheimer's)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had dementia (including Alzheimer's), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had diabetes (excluding gestational diabetes), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have diabetes (excluding gestational diabetes).

The Census Health question does not distinguish between type 1 and type 2 diabetes. Therefore, this variable will include respondents reporting both forms of diabetes.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Diabetes (excluding gestational diabetes)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had diabetes (excluding gestational diabetes), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had heart disease (including heart attack or angina), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have heart disease (including heart attack or angina).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Heart disease (including heart attack or angina)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had heart disease (including heart attack or angina), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had kidney disease, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have kidney disease.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Kidney disease' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had kidney disease, expressed as an indirectly standardised rate per 100 people aged 15 years and over (usual resident population, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had a lung condition (including COPD and emphysema), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have lung condition (including chronic obstructive pulmonary disorder (COPD) and emphysema).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Lung condition (including COPD and emphysema)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had a lung condition (including COPD and emphysema), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had a mental health condition (including depression and anxiety), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had a stroke, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they had a stroke.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Stroke' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had stroke, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

People aged 15 years and over who reported they had any other long-term health conditions, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema)
- mental health condition (including depression or anxiety)
- stroke.

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people aged 15 years and over who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

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

Selected long-term health conditions, by condition; children and young people (0 to14 years), 2021

People aged 0 to 14 years who reported they had asthma, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 0 to 14 years has been told by a doctor or nurse that they have asthma.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Asthma' on the Census form.

The data are comprised of people aged 0 to 14 years who reported that they have had asthma, expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

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

People aged 0 to 14 years who reported they had a mental health condition (including depression and anxiety), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person aged 0 to 14 years has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people aged 0 to 14 years who reported that they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

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

People aged 0 to 14 years who reported they had any other long-term health conditions, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- asthma
- mental health condition (including depression or anxiety)

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people aged 0 to 14 years who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

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

Self-assessed health (modelled estimates), 2017-18

In the absence of data from administrative data sets, estimates were produced for selected health risk factors from the 2017-18 National Health Survey (NHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see ***Modelled estimates***, above.

Estimated number of people aged 15 years and over, who reported their self-assessed health as fair or poor, 2017-18
– by PHA, LGA, PHN, Quintiles, Remoteness

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

Detail of analysis: Indirectly age-standardised rate per 100 population; or indirectly age-standardised ratio, based on the Australian standard.

Source: Estimates for Population Health Areas (PHAs) are modelled estimates and were produced by the ABS; estimates at the LGA and PHN level were derived from the PHA estimates.

Estimates for Quintiles and Remoteness Areas were compiled by PHIDU based on direct estimates from the 2017-18 National Health Survey, ABS Survey TableBuilder.

Prevalence of selected chronic diseases and conditions (estimates), 2011-12 and 2017-18

In the absence of data from administrative data sets, estimates are provided for certain chronic diseases and conditions from the 2011-12 Australian Health Survey and the 2017-18 National Health Survey, conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see ***Modelled estimates***, above.

Detail of analysis: Indirectly age-standardised rate per 100 population; or indirectly age-standardised ratio, based on the Australian standard.

Source: Estimates for Population Health Areas (PHAs) are modelled estimates and were produced by the ABS; estimates at the LGA and PHN level were derived from the PHA estimates.

Estimates for Quintiles and Remoteness Areas were compiled by PHIDU based on direct estimates from the 2017-18 National Health Survey, Survey TableBuilder or the 2011-12 Australian Health Survey, ABS Survey TableBuilder.

Diabetes mellitus (modelled estimates), 2017-18

Estimated population with diabetes mellitus, 2017-18
– by PHA, LGA, PHN, Quintiles, Remoteness

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

High blood cholesterol (modelled estimates), 2011-12

Estimated population aged 18 years and over with high blood cholesterol, 2011-12
– by Quintiles, Remoteness

Indicator detail: Total cholesterol results were obtained for selected people aged 12 years and over, who agreed to participate in the NHMS component of the AHS and provided a blood sample. The total cholesterol test measures the combined amount of lipid (fat) components circulating in the blood at the time of the test. Fasting was not required. In the NHMS, the following definition for high serum total cholesterol was used: abnormal total cholesterol indicated by levels ≥ 5.5 mmol/L. This was based on epidemiological data and publications of major clinical trials, and advice from the National Heart Foundation Australia and the Cardiac Society of Australia and New Zealand. The data therefore refer to people with a total blood cholesterol level ≥ 5.5 mmol/L.

Mental and behavioural problems (modelled estimates), 2017-18

Estimated number of males, females and persons with mental and behavioural problems, 2017-18
– by PHA, LGA, PHN, Quintiles, Remoteness

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.

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

– by *Quintiles, Remoteness*

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 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.

Circulatory system diseases (modelled estimates), 2011-12 and 2017-18

Estimated population aged 2 years and over with circulatory system diseases, 2011-12

– *by Quintiles, Remoteness*

Indicator detail: 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 has lasted, or is expected to last, for 6 months or more.

Estimated population with heart, stroke and vascular disease, 2017-18

– *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail*:* In the NHS, respondents were asked if they had ever been told by a doctor or nurse that they had one or more of the following heart, stroke and vascular diseases (also referred to cardiovascular disease) and it was current and long-term at the time of the interview:

- angina, heart attack and other ischaemic heart diseases;
- stroke and other cerebrovascular diseases;
- oedema;
- heart failure;
- diseases of the arteries, arterioles and capillaries.

- A current and 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 the first time in 2014-15, people who reported having ischaemic heart diseases and cerebrovascular diseases that were not current and long-term at the time of interview were also included. It is also worth noting that a transient ischaemic attack or "mini-stroke" was included on the interviewer's prompt card in the 2014-15 NHS and coded to 'other cerebrovascular diseases'. This has seen an increased number of 'other cerebrovascular diseases' from 4,900 people in 2011-12 to 171,200 people in 2014-15 and a decrease in the number of people in 'stroke' from 240,000 in 2011-12 to 172,300 people in 2014-15. For more information, refer to the ABS **NHS: First Results, 2014-15**. Note that no further changes were made in the 2017-18 NHS.

Respiratory system diseases (modelled estimates), 2017-18

Estimated population with respiratory system diseases, 2017-18
– by Quintiles, Remoteness

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

- Estimated population with asthma, 2017-18
  – by PHA, LGA, PHN, Quintiles, Remoteness

  Indicator detail: These data refer to respondents ever having been told by a doctor or nurse that they have asthma, and whose asthma is current and 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.

- Estimated population with chronic obstructive pulmonary disease, 2017-18
  – by PHA, LGA, PHN, Quintiles, Remoteness

  Indicator detail: These data refer to respondents ever having been told by a doctor or nurse that they have bronchitis or emphysema (chronic obstructive pulmonary disease [COPD]); or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

Musculoskeletal system diseases (modelled estimates), 2017-18

Estimated population with musculoskeletal system diseases, 2017-18
– by Quintiles, Remoteness

Indicator detail: In the NHS, these data refer to respondents ever having been told by a doctor or nurse that they have a disease of the musculoskeletal system and connective tissue; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

- Estimated population with arthritis, 2017-18
  – by PHA, LGA, PHN, Quintiles, Remoteness

  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 respondents 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 people whose arthritis was current and long-term were recorded as having arthritis. People who reported having arthritis, which was not current and long-term, were recorded as not having arthritis. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more. Arthritis is defined as osteoarthritis, rheumatoid arthritis and other arthritis or type unknown, that is current and long-term.

  The 2014-15 NHS differs from the 2011-12 AHS in that respondents were not immediately asked, in the first question of the module, whether they had ever been told by a doctor or nurse they have arthritis. For more information refer to the **NHS Users' Guide, 2014-15**. Note that no further changes were made in the 2017-18 NHS.

  - Estimated population with rheumatoid arthritis, 2017-18
    – by Quintiles, Remoteness

  Indicator detail: These data refer to people 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.

- Estimated population with osteoarthritis, 2017-18
  – *by Quintiles, Remoteness*

Indicator detail: These data refer to people 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.

- Estimated population with osteoporosis, 2017-18
  – *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail: These data refer to people ever been told diagnosed by a doctor or nurse as having osteoporosis or osteopenia (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.

Prevalence of selected health risk factors for adults (modelled estimates), 2017-18

In the absence of data from administrative data sets, estimates have been produced for selected health risk factors from the 2017-18 National Health Survey (NHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see ***Modelled estimates***, above.

Detail of analysis: Indirectly age-standardised rate per 100 population; or indirectly age-standardised ratio, based on the Australian standard.

Source: Estimates for Population Health Areas (PHAs) are modelled estimates and were produced by the ABS; estimates at the LGA and PHN level were derived from the PHA estimates.

Estimates for Quintiles and Remoteness Areas were compiled by PHIDU based on direct estimates from the 2017-18 National Health Survey, ABS Survey TableBuilder.

Psychological distress (modelled estimates), 2017-18

Estimated number of males aged 18 years and over with high or very high psychological distress based on the Kessler 10 Scale (K10), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of females aged 18 years and over with high or very high psychological distress based on the Kessler 10 Scale (K10), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of people aged 18 years and over with high or very high psychological distress based on the Kessler 10 Scale (K10), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

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.

Blood pressure (modelled estimates), 2017-18

Estimated number of people aged 18 years and over who had high blood pressure, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail: The modelled estimates are based on details of people in the sample who had their blood pressure measured in the 2014-15 NHS. High blood pressure is defined as measured systolic BP of 140 mmHg or more or diastolic BP of 90 mmHg or more, irrespective of the use of BP medication.

Overweight, obesity and waist measurement (modelled estimates), 2017-18

Estimated number of males aged 18 years and over who were overweight (but not obese), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of males aged 18 years and over who were obese, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of females aged 18 years and over who were overweight (but not obese), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of females aged 18 years and over who were obese, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of people aged 18 years and over who were overweight (but not obese), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of people aged 18 years and over who were obese, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

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

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

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

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

Estimated number of males aged 18 years and over with a waist measurement indicating an increased/ substantially increased risk of developing chronic diseases
– *by Quintiles, Remoteness*, 2017-18
Estimated number of females aged 18 years and over with a waist measurement indicating an increased/ substantially increased risk of developing chronic diseases
– *by Quintiles, Remoteness*, 2017-18
Estimated number of people aged 18 years and over with a waist measurement indicating an increased/ substantially increased risk of developing chronic diseases
– *by Quintiles, Remoteness*, 2017-18

Indicator detail: Waist circumference is a commonly used measure of whether a person is of a healthy weight or not. In particular, it provides a good estimate of body fat, and can indicate a person's potential risk of developing chronic diseases such as heart disease and Type 2 diabetes.

A waist measurement of 94cm or more for men or 80cm or more for women indicates that a person is at increased risk of developing chronic disease; see World Health Organisation, 2000, Obesity: preventing and managing the global epidemic. Report of a WHO Consultation, 2000, <**http://libdoc.who.int/trs/WHO_TRS_894.pdf**>; last accessed 13 January 2018.

Smoking (modelled estimates), 2017-18

Estimated number of males aged 18 years and over who were current smokers, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of females aged 18 years and over who were current smokers, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*
Estimated number of people aged 18 years and over who were current smokers, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2017-18 NHS. A current smoker is an adult who reported at the time of interview that they smoked manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, and/or pipes at least once per week.

It excludes chewing tobacco, electronic cigarettes (and similar) and smoking of non-tobacco products. As part of the NHS, respondents aged 18 years and over were asked to describe their smoking status at the time of interview as:

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

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

Alcohol: lifetime risky drinking (modelled estimates), 2017-18

Estimated number of males aged 18 years and over who consumed more than two standard alcoholic drinks per day on average, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of females aged 18 years and over who consumed more than two standard alcoholic drinks per day on average, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of people aged 18 years and over who consumed more than two standard alcoholic drinks per day on average, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail: The data on which the estimates are based are self-reported responses, reported to interviewers in the 2017-18 NHS. The National Health and Medical Research Council guidelines for lifetime risk state that, for healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Note that this indicator was previously published for the 2014-15 NHS for people aged 15 years and over.

Fruit consumption (modelled estimates), 2017-18

Estimated number of adults aged 18 years and over with adequate fruit intake, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

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 2017-18 NHS.

Exercise (modelled estimates), 2017-18

Estimated number of people aged 18 years and over who undertook low, very low or no exercise in the week prior to the survey, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Indicator detail: The data on which the estimates were based are self-reported responses, reported to interviewers in the 2017-18 NHS. The modelled estimates were based on data for exercise undertaken for fitness, sport or recreation in the week prior to being interviewed. Exercise level was calculated 'Duration of exercise (minutes) x Intensity factor (walking for fitness = 3.5, moderate = 5, vigorous = 7.5): low, very low or no exercise refers to scores of less than 800.

Prevalence of selected health risk factors for children (modelled estimates), 2017-18

In the absence of data from administrative data sets, estimates have been produced for selected health risk factors from the 2017-18 National Health Survey (NHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see ***Modelled estimates***, above.

Detail of analysis: Indirectly age-standardised rate per 100 population; or indirectly age-standardised ratio, based on the Australian standard.

Source: Estimates for Population Health Areas (PHAs) are modelled estimates and were produced by the ABS; estimates at the LGA and PHN level were derived from the PHA estimates.

Estimates for Quintiles and Remoteness Areas were compiled by PHIDU based on direct estimates from the 2017-18 National Health Survey, ABS Survey TableBuilder.

Overweight and obesity (children) (modelled estimates), 2017-18

Estimated number of male children aged 2-17 years who were overweight (but not obese), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of male children aged 2-17 years who were obese, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of female children aged 2-17 years who were overweight (but not obese), 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of female children aged 2-17 years who were obese, 2017-18
– *by PHA, LGA, PHN, Quintiles, Remoteness*

Estimated number of children aged 2-17 years who were overweight (but not obese), 2017-18
– by PHA, LGA, PHN, Quintiles, Remoteness
Estimated number of children aged 2-17 years who were obese, 2017-18
– by PHA, LGA, PHN, Quintiles, Remoteness

Indicator detail: The estimated number of boys and of girls assessed as being obese on the basis of their measured height and weight (Body Mass Index) as a proportion of all four-year-old boys and girls assessed. 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. For more information about BMI classifications produced for children, refer to the Body Mass Index definition in the **National Health Survey: First Results, 2017-18 Glossary**.

Note that the modelled estimates are based on the 56.1% of children and young people aged 2 to 17 years in the sample who had their height and weight measured. For respondents who did not have their height and weight measured, imputation was used to obtain height, weight and BMI scores. For more information refer to **Appendix 2: Physical measurements** in the ABS publication National Health Survey: First Results, 2017-18 (Cat. no. 4364.0.55.001).

Fruit consumption (children) (modelled estimates), 2017-18

Estimated number of children aged 4-17 years with adequate fruit intake, 2017-18
– by Quintiles, Remoteness

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 1.5 serves for children aged 4 to 8 years and 2 for children aged 9 to 17 years. The data on which the estimates are based are self-reported responses, reported to interviewers in the 2017-18 NHS.

Disability, core activity limitation, and primary carers, various years

The data in this section are of people living with disability, their access to services and of their carers. The data sets are:

- the number of people providing unpaid assistance to people with a disability and the number of people with a profound or severe disability, by age and whether living in long-term residential accommodation, or in households, as reported in the 2021 Census;
- modelled estimates of people with a profound or severe, or moderate or mild core activity limitation, from the Australian Bureau of Statistics' 2018 Survey of Disability, Ageing and Carers;
- modelled estimates of the number of people who provide the most informal assistance to a person with one or more disabilities, or to people aged 65 years or over, from the Australian Bureau of Statistics' 2018 Survey of Disability, Ageing and Carers; and
- the number of participants in the National Disability Insurance Scheme.

Assistance to people with a disability (unpaid), 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The 'Assistance to people 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.

The numerator excludes the 6.7% of people aged 15 years and over whose unpaid assistance to people with a disability was not stated (the proportion excluded was calculated based on the Australian data).

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

People with a profound or severe disability (includes people in long-term accommodation), All ages, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People with a profound or severe disability and living in households, All ages, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People with a profound or severe disability (includes people in long-term accommodation), 0 to 64 years, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People with a profound or severe disability and living in households, 0 to 64 years, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
People with a profound or severe disability (includes people in long-term accommodation), 65 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

People with a profound or severe disability and living in households, 65 years and over, 2021
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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 households' 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 of Population and Housing, August 2021.

Profound or severe, moderate or mild core activity limitation by sex and broad age group: 0-14, 15-64, 65+ years and all ages, 2018
– by PHA, LGA, PHN

Indicator detail: These data refer to persons with a profound or severe, or moderate or mild core activity limitation living in households in private dwellings and self-care retirement units in retirement villages.

Profound or severe core activity limitation refers to a person who:

- is unable to or will sometimes require help with a core activity task;
- has difficulty understanding/being understood by family or friends; or
- can communicate more easily using sign language or other non-spoken forms of communication.

Moderate or mild core activity limitation refers to a person who has difficulty with a core activity task but doesn't require help, or:

- uses aids or equipment for core tasks, or has one or more of the following limitations;
- cannot easily walk 200 metres;
- cannot walk up and down stairs without a handrail;
- cannot easily bend to pick up an object from the floor;
- cannot use public transport; or
- can use public transport, but has difficulty or needs help or supervision.

For more information refer to the **Disability, Ageing and Carers, Australia: Summary of Findings methodology explanatory notes**

Source: Compiled by PHIDU based on the ABS 2018 Survey of Disability, Ageing and Carers modelled estimates data (ABS cat. no. 4430.0).

Primary carers by sex and broad age group: 15-24, 25-64, 65+ and 15+ years, 2018
– by PHA, LGA, PHN

Indicator detail: A primary carer is a person who is aged 15 years or over and provides the most informal assistance to a person with one or more disabilities or to people aged 65 years or over. The assistance must be ongoing, or likely to be ongoing, for at least six months. Primary carers and the people they care for may live in different households, but information about primary carers was only collected if they lived in households (i.e. not providing care to person in a care facility).

For more information refer to the **Disability, Ageing and Carers, Australia: Summary of Findings methodology: Appendix - carers**.

Source: Compiled by PHIDU based on the ABS Census 2018 Survey of Disability, Ageing and Carers modelled estimates data (ABS cat. no. 4430.0).

Median age at death, 2018 to 2022

Median age at death of males, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Median age at death of females, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Median age at death of persons, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

However, data published here are from the following releases: 2018, 2019 and 2020, final; 2021 and 2022 ,preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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, 2018 to 2022

Deaths of males aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Deaths of females aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Total deaths, 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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

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

However, data published here are from the following releases: 2018, 2019 and 2020, final; 2021 and 2022, preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Premature mortality by selected cause, 2018 to 2022

Deaths from cancer, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: C00-D48

- Deaths from colorectal cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: C18-C21, C26.0
- Deaths from lung cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: C33, C34
- Deaths from breast cancer, females aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: C50
- Deaths from pancreatic cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: C25

- Deaths from lymphoid, haematopoietic and related tissue cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: C281-C96

Deaths from diabetes, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: E10-E14

Deaths from circulatory system diseases, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: I00-I99

- Deaths from ischaemic heart disease, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: I20-25
- Deaths from cerebrovascular disease, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: I60-I69

Deaths from respiratory system diseases, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: J00-J99

- Deaths from chronic obstructive pulmonary disease, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: J40-J44

Deaths from digestive system diseases - deaths from cirrhosis and other diseases of the liver, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: K70-K76

Deaths from external causes, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: V01-Y98

- Deaths from road traffic injuries, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38. [5,6,7,9], V39.[4,5,6,9], V40-V48[5,6,7,9], V49[4,5,6,9], V50-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, people aged 0 to 44, 45 to 74 and, 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: X60-X84, Y87.0
- Deaths from accidental poisoning, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
  ICD-10 codes: X40-X49

Deaths from COVID-19, people aged 0 to 74 years, 2018 to 2022
– by Quintiles, and Remoteness

ICD-10 codes: U07.1, U07.2, and U10.9

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); and/or indirectly age-standardised ratios, based on the Australian standard. The exception is for 'Deaths from breast cancer (females)', where the rates are limited to the female population.

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the remaining years are 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 here are from the following releases: 2018, 2019 and 2020 final; and 2021 and 2022, preliminary.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Avoidable mortality, 2018 to 2022

Background: 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**.

Indicator detail: Deaths are defined as avoidable in the context of the present health system, based on the **PI-16 Potentially avoidable deaths, 2020**.

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

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

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the remaining years are 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 here are from the following releases: 2018, 2019 and 2020 final; and 2021 and 2022, preliminary.

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

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Avoidable mortality by sex, 2018 to 2022

Deaths from all avoidable causes, males aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Deaths from all avoidable causes, females aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Deaths from all avoidable causes, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Avoidable mortality by selected cause, 2018 to 2022

Avoidable deaths from cancer, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

- Avoidable deaths from colorectal cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
- Avoidable deaths from breast cancer, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Avoidable deaths from diabetes, people aged 0 to 74 years, 2018 to 2022 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Avoidable deaths from circulatory system diseases, people aged 0 to 74 years, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

- Avoidable deaths from ischaemic heart disease, people aged 0 to 74 years, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

- Avoidable deaths from cerebrovascular diseases, people aged 0 to 74 years, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Avoidable deaths from respiratory system diseases, people aged 0 to 74 years, 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

- Avoidable deaths from chronic obstructive pulmonary disease, people aged 0 to 74 years, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Avoidable deaths from selected external causes of mortality (Falls; fires, burns; Suicide and self-inflicted injuries; etc.), people aged 0 to 74 years, 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

- Avoidable deaths from suicide and self-inflicted injuries, people aged 0 to 44, 45 to 74 and, 0 to 74 years, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Avoidable deaths from other external causes of mortality (Transport accidents; Accidental drowning and submersion; etc.), people aged 0 to 74 years, 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

- Avoidable deaths from transport accidents, people aged 0 to 74 years, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Potential years of life lost, by sex, 2018 to 2022

Potential years of life lost, males (deaths before 75 years of age), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Potential years of life lost, females (deaths before 75 years of age), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Potential years of life lost, persons (deaths before 75 years of age), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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 2018 to 2022.

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 are preliminary, the second latest are revised and the data for the remaining years are 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 here are from the following releases: 2018, 2019 and 2020 final; and 2021 and 2022, preliminary.

Detail of analysis: Average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 74 years); and/or indirectly age-standardised ratio, based on the Australian standard.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Potential years of life lost, by age and sex, 2018 to 2022

Potential years of life lost, males by broad year age group (0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 74 years), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Potential years of life lost, females by broad year age group (0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 74 years), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Potential years of life lost, persons by broad year age group (0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 74 years), 2018 to 2022
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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 aged 0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 74, over the years 2018 to 2022.

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 are preliminary, the second latest are revised and the data for the remaining years are 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 here are from the following releases: 2018, 2019 and 2020 final; and 2021 and 2022, preliminary.

Detail of analysis: Average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 14, 15 to 24, 25 to 44, 45 to 64 and 65 to 74 years); and/or indirectly age-standardised ratio, based on the Australian standard.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Potential years of life lost, by selected cause, 2018 to 2022

Potential years of life lost from cancer, deaths before 75 years of age, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: C00-D48

- Potential years of life lost from colorectal cancer, deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: C18-C21, C26.0
- Potential years of life lost from lung cancer, deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: C33, C34
- Potential years of life lost from breast cancer, female deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: C50

Potential years of life lost from diabetes, deaths before 75 years of age, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: E10-E14

Potential years of life lost from circulatory system diseases, deaths before 75 years of age, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: I00-I99

- Potential years of life lost from ischaemic heart disease, deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: I20-25
- Potential years of life lost from cerebrovascular disease, deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: I60-I69

Potential years of life lost from respiratory system diseases, deaths before 75 years of age, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: J00-J99

- Potential years of life lost from chronic obstructive pulmonary disease, deaths before 75 years of age, 2018 to 2022
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

  ICD-10 codes: J40-J44

Potential years of life lost from external causes, deaths before 75 years of age, 2018 to 2022
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10 codes: V01-Y98

- Potential years of life lost from road traffic injuries, deaths before 75 years of age, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

  ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38. [5,6,7,9], V39.[4,5,6,9], V40-V48[5,6,7,9], V49[4,5,6,9], V50-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, deaths before 75 years of age, 2018 to 2022
  – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

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

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 the selected causes, for people, over the years 2018 to 2022.

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

However, data published here are from the following releases: 2018, 2019 and 2020 final; and 2021 and 2022, preliminary.

Detail of analysis: Average annual indirectly age-standardised rate of potential years of life lost per 1,000 population (aged 0 to 74 years); and/or indirectly age-standardised ratio, based on the Australian standard.

Source: Data compiled by PHIDU from deaths data based on the 2018 to 2022 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 2018 to 30 June 2022.

Use and provision of health and welfare services

Health workforce, 2022

General Medical Practitioners, 2022
– *by LGA, PHN, Remoteness*
Hospital Practitioners non-specialist, 2022
– *by LGA, PHN, Remoteness*
Specialist Practitioners, 2022
– *by LGA, PHN, Remoteness*
Specialist Practitioners in training, 2022
– *by LGA, PHN, Remoteness*
Total Medical Practitioners, 2022
– *by LGA, PHN, Remoteness*
Registered Nurses only, 2022
– *by LGA, PHN, Remoteness*
Registered Nurses who are also Midwives, 2022
– *by LGA, PHN, Remoteness*
Total Registered Nurses, 2022
– *by LGA, PHN, Remoteness*
Enrolled Nurses, 2022
– *by LGA, PHN, Remoteness*
Midwives (may also be a Registered Nurse or Enrolled Nurse), 2022
– *by LGA, PHN, Remoteness*
Total Nurses (Registered Nurses, Enrolled Nurses or Midwives, each person only counted once), 2022
– *by LGA, PHN, Remoteness*
Dentists, 2022
– *by LGA, PHN, Remoteness*
Total Dental Practitioners (includes Dentists, Oral health therapists, Dental hygienists, Dental therapists and Dental prosthetists), 2022

– by LGA, PHN, Remoteness

Indicator detail: The data presented are the number and rate of general, specialist and other medical practitioners, nurses and dental practitioners, as extracted from the National Health Workforce Data Set (NHWDS) [available from **https://hwd.health.gov.au/datatool**: last accessed 23 January 2024]. The NHWDS consists of de-identified registration and survey data for health practitioners from the fourteen health professions regulated by the Australian Health Practitioner Regulation Agency (AHPRA) under the National Registration and Accreditation Scheme (NRAS). Data are available by Primary Health Network (PHN,) Local Government Area (LGA) and Remoteness Area.

Source: Compiled by PHIDU based on data from the National Health Workforce Dataset (NHWDS), 2022; and ABS estimated resident population, 30 June 2022.

Aged care places, June 2023

Residential aged care places, June 2023
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Residential aged care in Australia is subsidised by the Commonwealth Government and is governed by the Aged Care Act 1997 (the Act). A residential aged care facility (sometimes known as a nursing home) is for older people who can no longer live at home and need ongoing help with everyday tasks or health care. The data shown here are of the number of places in such facilities as a rate per 1,000 population aged 70 years and over at 30 June 2022 (population data at June 2023 not available at time of publication).

Source: Compiled by PHIDU based on data from GEN Aged Care Data, 30 June 2023, available from **https://www.gen-agedcaredata.gov.au/**, released September 2023; and Australian Bureau of Statistics, estimated resident population 30 June 2022.

Community Mental Health Care Services, 2020/21

Community Mental Health Care Service patients, by sex and Community Health Care Service contacts, by principal diagnosis, 2020/21
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: The data presented are of the number of male patients / female patients / total patients who accessed the community mental health service; and the number of service contacts, by principal diagnosis.

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare 2020/21, as supplied by state and territory health authorities; and the average of the ABS Estimated Resident Population, 30 June 2020 and 30 June 2021.

National Disability Insurance Scheme participants, June 2023

National Disability Insurance Scheme participants, June 2023
– by PHA, LGA, PHN, Quintiles, Remoteness

Indicator detail: The data presented are of the number of NDIS participants active as at 30 June 2023.

Source: Compiled by PHIDU based on data from the National Disability Insurance Agency, June 2023 and ABS estimated resident population, 30 June 2022 (population at June 2023 not available at time of publication).

Commonwealth Home Support Programme, 2022/23

Clients living alone
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Clients with carer
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Indigenous clients (per total clients)
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Indigenous clients (per Indigenous population)
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Non-English-speaking clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Total clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Allied health therapy clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Domestic assistance clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Flexible respite clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Goods and equipment clients

– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Home maintenance clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Home modification clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Meals clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Nursing clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Personal care clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Social support (group) clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Social support (individual) clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Specialised support services clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness
Transport clients
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

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. Therefore, the number of clients and corresponding rates for areas derived from PHAs may be slightly underestimated.

Source*:* Compiled by PHIDU using data from the Australian Institute of Health and Welfare, 2022/23; and the average of the ABS estimated resident population, 30 June 2022 (for the indicator 'Indigenous clients per Indigenous population', the population used is the ABS Indigenous ERP 2021, produced as a consultancy for PHIDU, 30 June 2021).

Hospital admissions, 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, 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 technically correct term of '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 results may not be comparable between jurisdictions due to the variations in scope of hospitals for individual states and territories.

Impact of COVID-19 on hospitalisations in 2020/21: The Australian Institute of Health and Welfare provides comprehensive comment as to the impact of COVID-19 on hospitalisations. For example, see the details under the heading ***What impact has COVID-19 had on admitted patient activity***. In addition, there were 166,821 fewer admissions in 2019/20 than in 2018/19, a decline of 2.9%. We are unable to comment on the extent to which the pandemic has impacted differentially on rates of hospitalisation across the geographic areas in the Atlas. However, a comparison of the whole-year data for 2018-19 and 2019-20 does not show any consistent differences when analysed by socioeconomic disadvantage of area, or Remoteness Area.

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

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

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

Data were not provided to PHIDU by hospital type (i.e., separate data for public hospitals and private hospitals) in Queensland, Tasmania, the Northern Territory or the Australian Capital Territory. As a result, where data are published for 'public' and 'all hospitals' for other jurisdictions (in Hosp_type_sex tab in the data workbooks, and under Admissions by hospital type and sex in the online Atlas), only the 'public hospitals' data are available for these jurisdictions. The decision was made to publish the 'public hospitals' figures as admissions to public hospitals, which comprise the majority of admissions, both overall and from the most disadvantaged areas, were considered to be the most relevant in the context of this Atlas.

The Population Health Areas of 30057 Brisbane Inner - North - Central and 30051 Fortitude Valley/Spring Hill have been combined at the request of Queensland Health; data displayed are the combination of values and rates for these areas.

Detail of analysis: Indirectly age-standardised rate per 100,000 (respective population); and/or indirectly age-standardised ratio, based on the Australian standard.

Note the following indicators are expressed as a rate per 100 live births;

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

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

Source: 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.

Admissions by hospital type and sex, 2020/21

Male total admissions (excluding dialysis) - Public hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Female total admissions (excluding extracorporeal dialysis) - Public hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total admissions (excluding dialysis) - Public hospitals/ Private/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Hospital admissions by principal diagnosis and sex, 2020/21

Infectious and parasitic diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: A00-B99

All cancers, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: C00-D48

Endocrine, nutritional and metabolic diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: E00-E90

Diabetes, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: E10-E14.9

Mental health-related conditions, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: F00-F99

Mood affective disorders, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: F30-F39

Nervous system diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: G00-G99

Eye and adnexa diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: H00-H59

Ear and mastoid process diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: H60-H95

Circulatory system diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: I00-I99

Ischaemic heart disease, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: I20-I25

Heart failure, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: I50

Stroke, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: I60-I64

Respiratory system diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: J00-J99

Asthma, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: J45-J46

Chronic Obstructive Pulmonary Disease (COPD), males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: J40-J44

Digestive system diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: K00-K93

Skin and subcutaneous tissue diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: L00-L99

Musculoskeletal system and connective tissue diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: M00-M99

Genitourinary system diseases, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: N00-N99

Chronic kidney disease, males/ females/ persons - Public hospitals– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: 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

Certain conditions originating in the perinatal period, persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: P00-P96

Congenital malformations, deformations and chromosomal abnormalities, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Q00-Q99

Pregnancy, childbirth and the puerperium, females - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: O00-O99

Injury, poisoning and other external causes, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: SOO-T98

Hospital admissions by principal diagnosis of injury and poisoning, by external cause and sex, 2020/21

Transport crash injury, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: V00-V99

Accidental poisoning, persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: X40-X49

Falls, males/ females/ persons - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: W00-W19

Injury due to exposure to inanimate mechanical forces, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: W20-W49

Injury due to exposure to animate mechanical forces, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: W50-W64

Intentional self-harm, males/ females/ persons - Public hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: X60–X84, Y87.0

Assault, males/ females/ persons - Public hospitals – by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: X85-Y09

Hospital admissions by procedure, 2020/21

Tonsillectomy, all ages - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: of 41789-00, 41789-01, 41787-01 and/or 41786-01

Myringotomy, 0 to 9 years - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: 41632-02 (Insertion of myringotomy tube, unilateral), 41632-03 (Insertion of myringotomy tube, bilateral), 41626-00 (Myringotomy, unilateral) and/or 41626-01 (Myringotomy, bilateral).

Hysterectomy, females aged 30 to 59 years - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Block 1268 or 1269 or a reported procedure code of 90450-00, 90450-01 and/or 90450-02

Caesarean section, females aged 15 to 44 years - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Block 1340

Hip fracture - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: M84.45, S72.01, S72.02, S72.04, S72.05, S72.08, S72.03, S72.10, S72.11, S72.2 or S72.00

Fibre optic colonoscopy - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Block 905 (32090-00, 32084-00, 32084-02 and/or 32090-02

Fibre optic colonoscopy with excision - Public hospitals/ Private hospitals/ All hospitals
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Block 911 (32090-01, 32093-00, 32087-00 and/or 32084-01).

Same-day admissions for renal dialysis, 2020/21

Same-day dialysis for kidney disease - Public hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*
Same-day dialysis for kidney disease - All hospitals
– by PHA, LGA, PHN*, Quintiles, Quintiles within PHNs, Remoteness*

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

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

Impact of COVID-19 on hospitalisations in 2019-20: The impact of the COVID-19 pandemic on the rates of hospitalisation for this indicator is not known. However, the number of admissions is down by 55,005, or 4.5%, on the level in 2018/19.

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

Data were not provided to PHIDU by hospital type (i.e., separate data for public hospitals and private hospitals) in Queensland, Tasmania, the Northern Territory or the Australian Capital Territory. As a result, where data are published for 'public' and 'all hospitals' for other jurisdictions, only the 'all hospitals' data are available for these jurisdictions. The 'all hospitals' data in other jurisdictions have been confidentialised where publication of public and all hospitals data would allow identification of private hospital data due to small cell sizes. The decision was made to confidentialise the 'all hospitals' rather than the 'public hospitals' figures as admissions to public hospitals, which comprise the majority of admissions, both overall and from the most disadvantaged areas, were considered to be the most relevant in the context of this Atlas.

The Population Health Areas of 30057 Brisbane Inner - North - Central and 30051 Fortitude Valley/Spring Hill have been combined at the request of Queensland Health; data displayed are the combination of values and rates for these areas.

Detail of analysis: Indirectly age-standardised rate per 100,000 population; and/or indirectly age-standardised ratio, 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 2020/21; and the average of the ABS estimated resident population, 30 June 2020 and 30 June 2021.

Potentially preventable hospitalisations, 2020/21

Additional indicator detail: The indicator potentially preventable hospitalisations is described as a 'progress measure' under the *National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2020* available through METeOR (**METeOR: 725793**).

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

Note that results may not be comparable between jurisdictions due to the variations in scope of hospitals for individual states and territories, see the details under the heading ***What impact has COVID-19 had on admitted patient activity.*** The impact of the COVID-19 pandemic on the rates of hospitalisation for this indicator is not known. However, the number of admissions is down by 25,577, or 4.3%, on the level in 2018/19.

The Population Health Areas of 30057 Brisbane Inner - North - Central and 30051 Fortitude Valley/Spring Hill have been combined at the request of Queensland Health; data displayed are the combination of values and rates for these areas.

Detail of analysis: Indirectly age-standardised rate per 100,000 population; and/or indirectly age-standardised ratio, 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 2020/21; and the average of the ABS estimated resident population, 30 June 2020 and 30 June 2021.

All potentially preventable hospitalisations – by broad age groups, 2020/21

Potentially preventable conditions, aged 0-14, 15-24, 25-44, 45-64, 65+, 15+years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Potentially preventable conditions - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations – Vaccine-preventable, 2020/21

Vaccine preventable conditions - pneumonia and influenza - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Total vaccine preventable conditions - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations – Acute conditions, 2020/21

Acute cellulitis - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute convulsions and epilepsy - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute dental conditions - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute ear, nose and throat infections - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute gangrene - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute urinary tract infections, including pyelonephritis - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Total acute conditions - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations – Chronic conditions, 2020/21

Chronic angina - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic asthma - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic congestive cardiac failure - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic Obstructive Pulmonary Disease (COPD) - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic diabetes complications - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic hypertension - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Chronic iron deficiency anaemia - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Total chronic conditions - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations, 2020/21

Indicator detail: The data include presentations to emergency departments (EDs) between 1 July 2020 and 30 June 2021. 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.

EDs (including 'accident and emergency' or 'urgent care centres') that do not meet the criteria above are not in scope for the NMDS, but data may have been provided for some of these by some States and Territories.

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. 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 11-short list edition codes, where necessary.

The impact of COVID-19 on ED presentations in 2020-21, includes changes is patient healthcare seeking behaviour, patients experiencing restricted access to or closure of some types of services, patients being redirected to other services, the establishment of COVID-19 clinics as part of ED facilities, and the establishment of new modes of delivery of some services.

In particular, two new codes were introduced to capture data about COVID-19 presentations – one where COVID 19 has been confirmed by laboratory testing and another when COVID-19 has been clinically diagnosed, but laboratory testing is inconclusive, not available or unspecified. In the PHIDU data workbooks and maps presenting data by diagnosis (in the 'ED_diagnosis' tab), presentations allocated to these codes are included in the 'Emergency department presentations: Total presentations for other diseases/conditions' column.

The Australian Institute of Health and Welfare provides comment as to the impact of COVID-19 on presentations to public acute hospital EDs: see Impact of COVID-19 on emergency department activity at https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed

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

The Population Health Areas of 30057 Brisbane Inner - North - Central and 30051 Fortitude Valley/Spring Hill have been combined at the request of Queensland Health; data displayed are the combination of values and rates for these areas.

Chapter ICD-10-AM edition 11-short list code definitions:

Any of the reported principal diagnosis as per the 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).

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

Detail of analysis: Indirectly age-standardised rate per 100,000 population; and/or indirectly age-standardised ratio, 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 2020/21; and the average of the ABS estimated resident population, 30 June 2020 and 2021.

Emergency department presentations, by sex, 2020/21

Male presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Female presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations, by age and sex, 2020/21

Male presentations, by broad age group (0-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Female presentations, by broad age group (0-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, by broad age group (0-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations, by triage category, 2020/21

Resuscitation presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Emergency presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Urgent presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Semi-urgent presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Non-urgent presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations, by principal diagnosis, 2020/21

Total presentations for certain infectious and parasitic diseases, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for mental and behavioural disorders, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for diseases of the circulatory system, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for diseases of the respiratory system, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for diseases of the digestive system, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for diseases of the musculoskeletal system and connective tissue, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for diseases of the genitourinary system, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for injury, poisoning and certain other consequences of external causes, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations for factors influencing health status and contact with health services, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for other diseases/ conditions, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for certain infectious and parasitic diseases, by age, 2020/21

Total presentations, by broad age group (0-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for mental and behavioural disorders, by age, 2020/21

Total presentations, by broad age group (0-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for diseases of the circulatory system, by age, 2020/21

Total presentations, by broad age group (0-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for diseases of the respiratory system, by age, 2020/21

Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for diseases of the digestive system, by age, 2020/21

Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for diseases of the musculoskeletal system and connective tissue, by age, 2020/21

Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for diseases of the genitourinary system, by age and sex, 2020/21

Male presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Female presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for injury, poisoning and certain other consequences of external causes, by age and sex, 2020/21

Male presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Female presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*
Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations for factors influencing health status and contact with health services, by age, 2020/21

Total presentations, by broad age group (0-4, 5-14, 15-24, 25-44, 45-64, 65-74 and 75+ years), 2020/21
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*