Child and Youth Social Health Atlas of Australia

Notes on the data

Published: September 2021

This page intentionally left blank

Notes on the Data: Contents

Copyright

Geographical structures

For 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.

Census of Population and Housing data

Data presented here are largely Census counts, from the Census of Population and Housing, 2016, conducted by the Australian Bureau of Statistics (ABS). They therefore refer to the 92% of the child and youth population who were present at their usual residence on Census night. The population by age, presented in the initial worksheets, is the estimated resident population, a larger number.

For the Aboriginal and Torres Strait Islander population, the usual resident population represents 80% of the child and youth population as measured under the estimated resident population.

Modelled estimates

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) and 2014-15 National Health Survey (NHS)conducted by the Australian Bureau of Statistics (ABS). Further details on the production of these estimates (referred to as modelled estimates) and caveats, follow.

Users of these 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.

The numbers are estimates for an area, not measured events as are, for example, death statistics. As such, they should be viewed as a tool that, when used in conjunction with local area knowledge and taking into consideration the prediction reliability, can provide useful information that can assist with decision making for small geographic regions. Of particular note is that the true value of the published estimates is also likely to vary within a range of values as shown by the upper and lower limits published in the data (xls) and viewable in the bar chart in the single 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 of around 85% provides a 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 the relative root mean square errors (RRMSEs) on the estimates was 1 or more (estimate replaced with ≠)

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

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 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 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, ABS Survey TableBuilder.

Notes on the Data: Indicators and Data sources

Introductory information

The geographical structure acronyms are defined as follows:
'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

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 and deaths** and **Use and provision of health and welfare services.**

Demographic and social indicators

Age distribution, various years

Note: Two measures are presented for the age distribution of the total population. One is for the estimated resident population, based on the 2016 Census and other data, and applies to the whole population. The other is the usual resident population, as produced from the 2016 Census, and applies to the Aboriginal and Torres Strait Islander population and the population by Indigenous status, as the Aboriginal population is not available by age for Statistical Areas Level 2 that is the basis for the Population Health Areas mapped in this atlas.

Estimated Resident Population, 2020

Male/female/total estimated resident population by 5-year age groups: 0-4 years to 85+ years and broad age groups: 0-14, 15-24, 0-24, 25-44, 45-64, 65+, 70+, 75+, 85+ years, 2020
– by PHA, LGA, PHN, Remoteness (broad age groups only)

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/pop-5yr-broadage-erp**

***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 2020.

Aboriginal estimated resident population, 2016

Male/female/total estimated resident population by 5-year age groups: 0-4 years to 65+ years or broad age groups: 0-14, 15-24, 25-44, 45-64, 65+ years, 2016
– by PHA, LGA, PHN, Remoteness (broad age groups only)

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/aboriginal-pop-5yr-broadage**

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

Source: Modelled by PHIDU based on SA2, IARE and IREG ERP and the ABS Census of Population and Housing, August 2016.

Indigenous status, 2016

Aboriginal population as a percentage of the total usual resident population by 5-year age groups: 0-4 years to 65+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/indigenous-status-urp-5yr-total-pop**

***Indicator detail*:** The data presented are the Aboriginal population as a percentage of the total population within each age group.

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

Population projections, 2020, 2025 and 2030

Male/female/total projected population by 5-year age groups: 0-14 and 15-24 years, 2020, 2025, and 2030
– by PHA, LGA, PHN, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/pop-proj-broadage**

***Indicator detail*:** The data presented are the age and sex group total as a percentage of the total male/female/total population, as appropriate. Note that these projections do not consider any recent trends in migration patterns, both internal and external, and fertility rates.

Source: These data are based on customised projections prepared for the Australian Government Department of Health by the Australian Bureau of Statistics and originally published by the Australian Institute of Health and Welfare: as they were based on data and trends available before the impact on the population of COVID-19, users should use their judgement in deciding the extent that they remain relevant. PHA data were compiled by PHIDU based on these customised projections for 2020, 2025, and 2030.

Birthplace & non-English speaking residents, 2016

Australian-born population, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

People born (overseas) in predominantly English speaking countries, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People born in predominantly non-English speaking (NES) countries, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People born in NES countries resident in Australia for five years or more, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

People born in NES countries resident in Australia for less than five years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/australian-born**; **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/nes-countries** and; **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/es-countries**

***Indicator detail*:** The following countries are designated as 'predominantly ES': Canada, Ireland, New Zealand, South Africa, United Kingdom and the United States of America; the remaining countries are designated as 'predominantly NES'.

Resident in Australia for five years or more: Data comprise NES residents arriving before 2012.

Resident in Australia for less than five years: Data comprise NES residents arriving from 2012 to 2016. The year 2016 is the period 1 January 2016 to 9 August 2016 (Census Night), therefore, the data presented represent a total time of approximately 4 years and 7 months.

The data exclude the 5.6% 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 4.5% 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 2016.

People aged 5 to 24 years and over who were born overseas and reported poor proficiency in English, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/poor-proficiency-english**

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

The numerator excludes the 0.8% 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 2016.

Non-English speaking countries of birth, 2016

Top six birthplaces of people born in non-English speaking countries, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/nes-countries**

***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: China (excluding Special Administrative Regions of Hong Kong & Macau, and Taiwan), India, Philippines, Malaysia, Vietnam, and Korea, Republic of (South).

The numerator excludes the 6.9% 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 2016.

Total fertility rate, 2019

Total fertility rate, 2019 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/fertility-rate**

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

Source: Compiled by PHIDU based on the ABS data in *Table 2: Births, Australia 2019:* **Births, Australia, 2012 to 2019 (ABS Cat no. 3301.0)**.

Education, various years

Children aged 4 years old, 5 years old, and 4 and 5 years old enrolled in a preschool program, 2020

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

***Policy context*:** Attendance at preschool is associated with better mental health outcomes with almost 40% higher rates of mental competence for children who attended preschool compared to those who did not[1]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/preschool**

***Indicator detail*:** The data comprise children aged 4 years old, 5 years old, and 4 and 5 years old enrolled in and attending a preschool program.

Note*:* 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. Calculating the percentage of children at age four in preschool against the percentage of children in the population at this age results in some proportions of over 100%. This also occurs with those aged five. However, in order to provide an understanding of variations between geographic areas, we have calculated percentages. More information can be found at **https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4240.0Explanatory%20Notes12018?OpenDocument**, accessed 27 September 2019.

Care should be taken when interpreting preschool enrolments. Due to the COVID-19 pandemic, various restrictions were in place when the National Early Childhood Education and Care Collection (NECECC) was conducted. Due to the temporary closure of preschool program providers in Victoria, attendance data for Victoria are not published.

Source: Compiled by PHIDU based on the ABS Preschool Education, Australia, 2018; data extracted from Survey TableBuilder.

Reference:

[1]Goldfeld S, Kvalsvig A, Incledon E & O'Connor M 2017. Epidemiology of positive mental health in a national census of children at school entry. Journal of Epidemiology and Community Health 71(3):225–231

Full-time participation in secondary school education at age 16, 2016

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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/education-participation-16yo**

***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 2016 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.

The numerator excludes 5.0% 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. Secondary school comprises either Government, Catholic, or other Non-Government schools.

Percentages may be more than 100% due to the ABS' randomisation of both the numerator and denominator for confidentiality purposes.

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 19.*

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

School leavers enrolled in higher education, 2019

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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/school-leavers-higher-education**

***Indicator detail*:** The data comprise school leavers who were identified as enrolled at an Australian university at 31 March 2019. 'School leavers' are students who attained an Australian Year 12 qualification in 2018 in any State/ Territory through the completion of one or more Year 12 courses; may include (unless noted otherwise below) adult students, part time students and students doing one or more subjects to improve their overall score (repeating students).

The Estimated Resident Population is the population aged of 17 years in 2019, as this is the age of the majority of Year 12 students at 30 June 2019. As age data at the small geographical area level are n available by single years, the number at age 17 was estimated from the number in the five-year age group 15 to 19 years.

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

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 2019.
- Data for 2019 tertiary enrolments in Victoria are not available.

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), South Australian Tertiary Admission Centre (SA & NT), Tertiary Institutions Service Centre (WA), The University of Notre Dame Australia (WA & NSW), and the University of Tasmania.; and
2) ABS Estimated Resident Population, 30 June 2019.

Early childhood development: Australian Early Development Census, 2018

Developmentally vulnerable on one or more domains, 2018

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

Developmentally vulnerable on two or more domains, 2018

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

Physical health and wellbeing domain - developmentally vulnerable/ at risk/ on track, 2018

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

Social competence domain - developmentally vulnerable/ at risk/ on track, 2018

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

Emotional maturity domain - developmentally vulnerable/ at risk/ on track, 2018

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

Language and cognitive (school-based) domain - developmentally vulnerable/ at risk/ on track, 2018

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

Communication skills and general knowledge domain - developmentally vulnerable/ at risk/ on track, 2018

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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/aedc**

***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 is presented for children who were:

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

and who were assessed as being developmentally vulnerable (0 to 10th percentile), at risk (11th to 25th percentile), and on track (above the 25th percentile) in the following domains:

- Physical health and wellbeing domain
- Social competence domain
- Emotional maturity domain
- Language and cognitive skills (school-based) domain
- Communication skills and general knowledge domain

Data for Local Government Areas and Statistical Areas Level 3 were downloaded from the AEDC website **https://www.aedc.gov.au/**.

Data for all other geographical areas were provided by the Social Research Centre, who host and manage the AEDC website on behalf of the Australian Government Department of Education, Skills and Employment.

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 2018 Australian Early Development Census (an Australian Government Initiative).

Learning or Earning, 2016

Learning or Earning at ages 15 to 24, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/learning-earning**

***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.

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

Families, 2016

Single parent families with children aged less than 15 years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/single-parent-families**

***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 2016.

Jobless families with children aged less than 15 years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/jobless-families**

***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 2016.

Children aged less than 15 years in jobless families, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/jobless-families-children**

***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 2016 (unpublished) data.

Children in families where the mother has low educational attainment, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/mothers-educational-attainment**

***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 2016 (unpublished) data.

Child care: unpaid, 2016

Child care to own child/children (unpaid), provided by people aged 15 years and over, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Child care to other child/children (unpaid), provided by people aged 15 years and over, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Total (unpaid) child care, provided by people aged 15 years and over, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/unpaid-child-care**

***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 7.8% 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 2016.

Housing, 2016

Policy context*:* Adequate housing has an important positive impact on both the mental and physical health of children[1]. Secure shelter is related to improved social and emotional wellbeing in children[2]. For further information see: https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/social-housing; https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/housing-suitability; https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/privately-rented and; https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/crowded-dwellings

References:

[1]Australian Institute of Health and Welfare 2018. Children's Headline Indicators. Cat. no. CWS 64. Canberra: AIHW

[2]Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

Families with children living in owned dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Families with children aged less than 15 years living in 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 2.7% of dwellings or 2.2% of persons 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 2016.

Single parent families with children living in owned dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Single parent families with children aged less than 15 years living in 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 2.7% of dwellings or 2.2% of persons 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 2016.

Families with children living in rented dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Families with children aged less than 15 years living in rented 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 2.7% of dwellings or 2.2% of persons 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 2016.

Single parent families with children living in rented dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Single parent families with children aged less than 15 years living in rented 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 2.7% of dwellings or 2.2% of persons 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 2016.

Families with children living in dwellings rented from state or territory housing authority, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Families with children aged less than 15 years living in dwellings rented from state or territory housing authority. 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 2.7% of dwellings or 2.2% of persons 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 2016.

Single parent families with children living in dwellings rented from state or territory housing authority, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Single parent families with children aged less than 15 years living in dwellings rented from state or territory housing authority. 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 2.7% of dwellings or 2.2% of persons 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 2016.

Families with children living in dwellings rented from a housing co-operative, community, or church group, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Families with children aged less than 15 years living in dwellings rented from a housing co-operative, community, or 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 2.7% of dwellings or 2.2% of persons 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 2016.

Single parent families with children living in dwellings rented from a housing co-operative, community, or church group, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Single parent families with children aged less than 15 years living in dwellings rented from a housing co-operative, community, or 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 2.7% of dwellings or 2.2% of persons 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 2016.

Families with children living in rented social housing dwellings, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Families with children aged less than 15 years living in rented social housing 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 2.7% of dwellings or 2.2% of persons 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 2016.

Single parent families with children living in rented social housing dwellings, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Single parent families with children aged less than 15 years living in rented social housing 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 2.7% of dwellings or 2.2% of persons 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 2016.

Families with children living in crowded dwellings, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Families with children aged less than 15 years living in private dwellings assessed as crowded according to the Canadian National Occupancy Standard. The measure assesses the bedroom requirements of a household, accounting for both household size and composition, specifying that:

- there should be no more than two persons per bedroom;
- children less than five years of age of different sexes may reasonably share a bedroom;
- children less than 18 years of age and of the same sex may reasonably share a bedroom;
- single household members 18 years and over should have a separate bedroom, as should parents or couples; and
- a lone person household may reasonably occupy a bed-sitter.

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

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

Single parent families with children living in crowded dwellings, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Indicator detail: Single parent families with children aged less than 15 years living in private dwellings assessed as crowded according to the Canadian National Occupancy Standard. The measure assesses the bedroom requirements of a household, accounting for both household size and composition, specifying that:

- there should be no more than two persons per bedroom;
- children less than five years of age of different sexes may reasonably share a bedroom;
- children less than 18 years of age and of the same sex may reasonably share a bedroom;
- single household members 18 years and over should have a separate bedroom, as should parents or couples; and
- a lone person household may reasonably occupy a bed-sitter.

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

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

Families living in severely crowded dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Families with children aged less than 15 years living in private dwellings assessed as needing four or more additional bedrooms to accommodate all persons currently living in the household, according to the Canadian National Occupancy Standard (see Persons living in crowded dwellings above).

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

Single parent families living in severely crowded dwellings, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Single parent families with children aged less than 15 years living in private dwellings assessed as needing four or more additional bedrooms to accommodate all persons currently living in the household, according to the Canadian National Occupancy Standard (see Persons living in crowded dwellings above).

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

Income support recipients, June 2017 and June 2020

Young people aged 16 to 21 receiving an unemployment benefit, June 2020 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/unemployment-benefit-youth**

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

Data cells with counts of less than five were suppressed (confidentialised) in the source data for this indicator. Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells. This is a very small number, representing just 0.1% of the total.

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

Low income, welfare-dependent families (with children), June 2017 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Children in low income, welfare-dependent families, June 2017 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/low-income-families-children**

Indicator detail: For 2016, a) families included are those with children under 16 years; or b) children under 16 years in families – with incomes under $37,378 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 the *Poverty Lines: Australia, June Quarter 2016, which contains a weekly income for a single parent with two children, including housing costs. Poverty Lines: Australia* is a quarterly newsletter that updates the Henderson Poverty Line as defined in the 1973 Commonwealth Commission of Inquiry into Poverty. Poverty lines are presented for a range of family sizes, in order to avoid the situation of poverty. The updated Poverty Lines take into account changes in the average income level of all Australians, reflecting the idea that poverty is relative.

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

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2017; and the Estimated Resident Population 30 June 2017.

Internet access at home, 2016

Policy context: Internet access has become increasingly important in children's education. It also allows children to create and maintain social networks that may provide support in general as well as at times of particular need[1]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/internet-connection**

Reference:

[1]Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

Children living in dwellings from which Internet was not accessed, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Aboriginal children living in dwellings from which Internet was not accessed, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Children living in owned dwellings from which Internet was not accessed, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Children living in rented dwellings from which Internet was not accessed, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Children living in rented social housing dwellings from which Internet was not accessed, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Indicator detail: Data are the number of children/ Aboriginal children aged less than 15 years. 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.

Summary measure of disadvantage, 2016

Index of Relative Socio-economic Disadvantage (IRSD), 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/irsd**

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), 2016 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 and deaths

Mothers and babies, various years

Low birthweight babies, 2016 to 2018 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Policy context: Low birthweight babies are both more likely to die in infancy and have an increased risk of severe illness in infancy[1]. They are also more likely to develop illnesses such as cardiovascular disease and diabetes later in life[2]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/low-birth-weight**

References:

[1]Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

[2]WHO (World Health Organization) 2014. Global Nutrition Targets 2025: low birth weight policy brief. Geneva: WHO. Viewed 7 April 2021, **https://www.who.int/nutrition/publications/globaltargets2025_policybrief_lbw/en/**

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

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

Data published previously 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 is of particular note for the Australian Capital Territory (ACT), where 15% of births in the ACT in the period 2015 to 2017 were to residents of New South Wales. This change will affect the time series published for quintiles and Remoteness Areas.

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, 2016 to 2018
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Policy context*:* Smoking during pregnancy increases health risks for both mothers and babies[1]. This includes a greater risk of SIDS[2], and higher rates of perinatal death[3]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/smoking-pregnancy**

References*:*

[1]Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

[2]WHO (World Health Organization) 2013 Geneva: WHO. WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy..Viewed 7 April 2021, **https://apps.who.int/iris/bitstream/handle/10665/94555/9789241506076_eng.pdf?sequence=1**

[3]Australian Institute of Health and Welfare 2019. Australia's mothers and babies - in brief. Perinatal statistics series no. 35. Cat. no. PER 100. Canberra: AIHW

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

Data published previously 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 is of particular note for the Australian Capital Territory (ACT), where 15% of births in the ACT in the period 2015 to 2017 were to residents of New South Wales. This change will affect the time series published for quintiles and Remoteness Areas.

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

Antenatal visits, 2016 to 2018
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Policy context: A healthy lifestyle in the antenatal period contributes to better health outcomes for the baby and mother[1]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/antenatal-visits**

Reference:

[1]Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

Indicator detail: The data comprise the number of women who gave birth during this period and did not have an antenatal visit in the first 10 weeks of pregnancy, expressed as a proportion of the number of women who gave birth. Note that as the data are aggregated over three years, they may include women who gave birth more than once during the time period.

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

Breastfeeding (modelled estimates), 2014-15

Policy context: Breastfeeding can be a protective factor against illnesses and reduce the risk of infant mortality, as well as aiding the development of a baby's microbiome[1]. The National Health and Medical Research Council (NHMRC) recommend that babies are exclusively breastfed for approximately the first six months of their life, at which point solids are introduced[2]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/age-breastfed-solid-food**

References:

[1]COAG Health Council 2019. Australian national breastfeeding strategy: 2019 and beyond, prepared under the auspices of the COAG Health Council. Canberra: Department of Health, viewed 7 April 2021 **https://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20Final.pdf**

[2]NHMRC (National Health and Medical Research Council) 2012. Infant feeding guidelines. Canberra: NHMRC

In the absence of data from administrative data sets, estimates have been produced for breastfeeding from the 2014-15 National Health Survey (NHS), conducted by the ABS. For further details on the production of these estimates (referred to as modelled estimates) and caveats, see ***Modelled estimates***, above.

Note: The modelled estimates for the following indicators are based on models containing a smaller number of predictor variables than available for other modelled estimates. The ABS advise that reasons for this may include a low sample count for the outcome variable and/or small variation/similar characteristics within the sample for the outcome variable. Caution should be applied when interpreting the modelled estimates for these outcome variables, as it is possible that the sample is not representative of the total population with these characteristics of interest.

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.

Fully breastfed babies at 3 months, 2014-15

– by PHA, LGA, PHN

Indicator detail: The data comprise the estimated number of children aged 3 to 24 months who were fully breastfed at 3 months of age.

Fully breastfed babies at 6 months, 2014-15

– by PHA, LGA, PHN

Indicator detail: The data comprise the estimated number of children aged 3 to 24 months or under who were fully breastfed at 6 months of age.

Children who first ate soft, semi-solid or solid food before 4 months of age, 2014-15

– by PHA, LGA, PHN

Indicator detail: The data comprise the estimated number of children aged 3 years or under who first ate soft, semi-solid or solid food before 4 months of age.

Estimates for this indicator differ from estimates presented on the ABS website which comprise children who first ate soft, semi-solid or solid food before 5 months of age.

Child and youth health, various years

Children fully immunised at 1 year of age, 2 years of age and 5 years of age, 2018

– by PHA, LGA (see note below), PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/immunisation**

Indicator detail: The data presented are of registered* children fully immunised at 1 year of age, 2 years of age and 5 years of age.

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

The definitions of fully immunised are:

- **Children aged 1 year:** Fully immunised at 1 year means that a child aged 12 months to less than 15 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, two or three doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, and three doses pneumococcal vaccine, all prior to the age of 1 year.
- **Children aged 2 years:** Fully immunised at 2 years means that a child aged 24 to less than 27 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, three or four doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, one dose of a measles, mumps and rubella-containing vaccine, one dose of meningococcal C vaccine, and one dose of varicella (chicken pox) vaccine, all prior to the age of 2 years.
- **Children aged 5 years:** Fully immunised at 5 years means that a child aged 60 to less than 63 months received four doses of a diphtheria, tetanus and whooping cough-containing vaccine, four doses of polio vaccine, and two doses of a measles, mumps and rubella-containing vaccine, all prior to the age of 5 years.

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

Note: In this edition, the data for the APY Lands (in the PHA and PHN atlases) and Anangu Pitjantjatjara (AC) (in the LGA atlas) have been shown as `n.a.' (not available), due to concerns as to the reliability of the data. In addition, the LGA data for this indicator are estimated, refer to the *Caveat on LGA data quality* for more information.

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

Source: Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, Medicare Australia, 2018 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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/vaccine-coverage-hpv**

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 geo-coded. The geographic area at which the data are available is the postcode; postcode data are allocated to a PHA on the basis of the proportion of the postcode which falls into a PHA, which can result in allocation to the wrong PHA; the conversion is undertaken using approximate allocations of postcode populations (based on the best fit of Census Collection Districts (CDs) to postcode areas) to LGAs, derived from data at the previous Census. In many instances this conversion represents a crude allocation of the population of any LGA. For example, in many cases the boundaries of CDs do not match the boundaries of postcodes, and whole CDs are allocated to the postcode into which the population largely falls.

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

Infant mortality, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/deaths-infant**

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 each release, 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**.**

Source: Data compiled by PHIDU from deaths data based on the 2015 to 2019 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 2015 to 2019 were compiled from the **ABS Births, Australia 2019 (ABS Cat. no. 3301.0)**.

Youth mortality: Deaths of persons aged 15 to 24 years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/deaths-15-24-total**

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 each release, 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**.**

Source: Data compiled by PHIDU from deaths data based on the 2015 to 2019 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 2015 to 30 June 2019.

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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/est-obese-overweight-adult**

Indicator detail: The estimated number of boys and of girls assessed as being overweight (but not obese) or obese on the basis of their measured height and weight (Body Mass Index) as a proportion of all 2 to 17 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).

Disability, 2016

People with a need for assistance for core activities, 0-24 years, by five-year age group, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Policy context: Disability is not merely the presence of a physical or mental health condition, but relates to a person's ability to perform what are considered core activities[1]. Children with a disability are a vulnerable population. Those with an intellectual disability or mental or behavioural problems are at greater risk of receiving maltreatment than those without a disability[2]. For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/disability-all-ages-age-groups**

References:

[1]Australian Institute of Health and Welfare 2017. Australia's welfare. Australia's welfare series no. 13. Cat. no. AUS 214. Canberra: AIHW

[2]Miriam J. Maclean, Scott Sims, Carol Bower, Helen Leonard, Fiona J. Stanley and Melissa O'Donnell 2017. Maltreatment risk among children with disabilities. Pediatrics 139 (4) e20161817

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 or long-term health condition (lasting six months or more). 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 – ages 0 to 24 years by five-year age group – including those living in long-term residential accommodation in nursing homes, hostels for the disabled and psychiatric hospitals. 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 2016 (unpublished) data.

Potential years of life lost, by age and sex, 2015 to 2019

Potential years of life lost, males 0 to 14 years and 15 to 24 years (deaths before 75 years of age), 2015 to 2019

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

Potential years of life lost, females 0 to 14 years and 15 to 24 years (deaths before 75 years of age), 2015 to 2019

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

Potential years of life lost, persons 0 to 14 years and 15 to 24 years (deaths before 75 years of age), 2015 to 2019

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

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-status-disability-deaths/potential-years-of-life-lost-age-sex**

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, for the 0 14 years and 15 to 24 years age groups, over the years 2015 to 2019.

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 each release, 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**.

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

Source: Data compiled by PHIDU from deaths data based on the 2015 to 2019 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 2015 to 30 June 2019.

Use and provision of health and welfare services

Hospital admissions, 2018/19

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-services/hospital-admissions**

***Indicator detail*:** The data presented are of the number of separations, or completions of the episode of care of a patient in hospital, where the completion can be the discharge, death or transfer of the patient, or a change in the type of care (e.g., from acute to rehabilitation). In this atlas the term 'admission' is used in place of the more 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.

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.

Admissions where the address was unknown are included in the Australian total and are not shown by State/Territory.

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, 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.

Note: Given the above, remoteness/ quintile data for both private hospitals and all hospitals are also not published for these areas or for the whole of Australia.

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 is 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 2018/19; and the ABS Estimated Resident Population, 30 June 2018 and 30 June 2019.

Admissions by sex and age, Public hospitals, 2018/19

Total admissions (excluding dialysis) - 0 to 14 years and 15 to 24 years *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Male total admissions (excluding dialysis) - 0 to 14 years and 15 to 24 years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Female total admissions (excluding extracorporeal dialysis) - 0 to 14 years and 15 to 24 years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

Hospital admissions by principal diagnosis, by age, Public hospitals, 2018/19

Infectious and parasitic diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: A00-B99

All cancers, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: C00-D48

Endocrine, nutritional and metabolic diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: E00-E90

Mental health related conditions, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: F00-F99

Nervous system diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: G00-G99

Ear and mastoid process diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: H60-H95

Circulatory system diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

ICD-10-AM codes: I00-I99

Respiratory system diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: J00-J99

Asthma, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: J45-J46

Digestive system diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: K00-K93

Skin and subcutaneous tissue diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: L00-L99

Musculoskeletal system and connective tissue diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: M00-M99

Genitourinary system diseases, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: N00-N99

Congenital malformations, deformations and chromosomal abnormalities, persons aged 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: Q00-Q99

Injury, poisoning and other external causes, persons aged 0 to 14 years and 15 to 24 years - 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, Public hospitals, 2018/19

Transport crash injury, persons - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: V00-V99

Falls, 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, persons - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: W20-W49

All diagnosis of injury or poisoning, by external cause, persons - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: W65-W74, and other reported external cause codes

Hospital admissions by procedure, Public hospitals, 2018/19

Tonsillectomy, 0 to 14 years and 15 to 24 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: 41789-00, 41789-01, 41787-01 and/or 41786-01

Myringotomy, 0 to 9 years - Public hospitals – *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

ICD-10-AM codes: 41632-00 and/or 41632-00

Potentially preventable hospitalisations, Public hospitals, 2018/19

Additional indicator detail: Data definitions for potentially preventable hospitalisations are in *the National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2017* available through METeOR (**METeOR ID: 630028**).

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.

Note: Given the above, remoteness/ quintile data for both private hospitals and all hospitals are also not published for these areas or for the whole of Australia.

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 is 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 2018/19; and the ABS Estimated Resident Population, 30 June 2018 and 30 June 2019.

All potentially preventable hospitalisations – by broad age groups, 2018/19

Potentially preventable conditions, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations - Vaccine-preventable, Public hospitals, 2018/19

Total vaccine preventable conditions, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations – Acute conditions, Public hospitals, 2018/19

Acute convulsions and epilepsy, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute dental conditions, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute ear, nose and throat infections, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Acute urinary tract infections, including pyelonephritis, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Total acute conditions, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Potentially preventable hospitalisations – Chronic conditions, 2018/19

Chronic asthma, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*
Total chronic conditions, aged 0-14, and 15-24 years - Public hospitals
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations by age, 2018/19

Policy detail: For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/health-services/emergency-department**

***Indicator detail*:** The data include presentations to EDs between 1 July 2017 and 30 June 2018. 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.

Emergency departments (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 Emergency Department diagnosis information in several classifications, including SNOMED CT-AU, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM); and various editions of ICD-10-AM. For the purpose of reporting principal diagnoses, the AIHW mapped the provided information to ICD-10-AM 10th edition codes, where necessary.

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 is are the combination of values and rates for these areas.

Chapter ICD-10-AM 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).

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 2018/19; and the average of the ABS Estimated Resident Population, 30 June 2018 and 2019.

Note: 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 is are the combination of values and rates for these areas.

Rates of presentations in non-metropolitan New South Wales may be significantly higher than rates in other non-metropolitan areas around the country due to the far greater number of EDs in non-metropolitan New South Wales.

Emergency department presentations, total - by triage category, 2018/19

Total presentations, aged 0-14, and 15-24 years - Total, 2018/19

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

Resuscitation presentations, aged 0-14, and 15-24 years - Total, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency presentations, aged 0-14, and 15-24 years - Total, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Urgent presentations, aged 0-14, and 15-24 years - Total, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Semi-urgent presentations, aged 0-14, and 15-24 years - Total, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Non-urgent presentations, aged 0-14, and 15-24 years - Total, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Emergency department presentations – total – by principal diagnosis, by age 2018/19

Total presentations for certain infectious and parasitic diseases, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for mental and behavioural disorders, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for diseases of the circulatory system, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for diseases of the respiratory system, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for diseases of the digestive system, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for diseases of the musculoskeletal system and connective tissue, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for diseases of the genitourinary system, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for injury, poisoning and certain other consequences of external causes, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for factors influencing health status and contact with health services, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*

Total presentations for other diseases/ conditions, aged 0-14, and 15-24 years, 2018/19
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness*