Social Health Atlas:
Older people in Australia

Notes on the data

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General information

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.**

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, 'ACPR' – Aged Care Planning Regions, 'Quintiles' - Quintiles of Socioeconomic Disadvantage of Area; 'Remoteness, ACPR' - Remoteness, ACPR Areas of Australia; and 'GCCSA' - Greater Capital Cities Statistical Areas

Note that for Aged Care Planning Regions maps Capital City filters are not available for Tasmania or Australian Capital Territory.

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.

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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, 2019

Male/female/total estimated resident population (ERP) by 5-year age groups: 65-69 years to 85+ years and broad age groups: 65+, 70+, 75+, 85+ years, 2018
– by PHA, LGA, PHN, Remoteness, ACPR (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 2019.

Aboriginal estimated resident population, 2016

Male/female/total estimated resident population (erp) by 5-year age groups: 50-54 years (and 45-64 for Remoteness, ACPR only) to 65+ years or broad age groups: 45-64, 65+ years, 2016
– by PHA, LGA, PHN, Remoteness, ACPR (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 (URP) by 5-year age groups: 50-54 years to 65+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

***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, 2025 and 2030

Male/female/total projected population by 5-year age groups: 65+, 70+, 75+, 85+ years, 2020
– by PHA, LGA, PHN, Remoteness, ACPR

***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.

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 2025, and 2030.

Birthplace & non-English speaking residents, 2016

People born (overseas) in predominantly English speaking countries: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

People born in predominantly non-English speaking (NES) countries: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

People born in NES countries resident in Australia for five years or more: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

People born in NES countries resident in Australia for less than five years: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

***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 9.2% of the population aged 65 years and over 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 4.1% of people born overseas aged 65 years and over who did not state their year of arrival. (The proportions excluded were calculated based on the Australian data.)

People aged 5 years and over who were born overseas and reported poor proficiency in English: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

***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 1.0% of the population aged 65 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 ten birthplaces of people born in non-English speaking countries: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

***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: Italy, Greece, Germany, China (excluding Special Administrative Regions of Hong Kong & Macau, and Taiwan), Netherlands, India, Malta, Vietnam, Croatia, Malaysia.

The numerator excludes the 9.2% of the population aged 65 years and over 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.

Housing/ Transport, 2016

Persons living alone in private dwellings: 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

***Indicator detail*:** The data comprise residents who live alone in private dwellings as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Persons living in multi-family households: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

***Indicator detail*:** The data presented are residents who live in households that comprise more than one family as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Persons who own the dwelling that they are living in: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

***Indicator detail*:** The data presented are residents who are home owners (excludes being purchased under a shared equity scheme) as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Persons who rent the dwelling that they are living in: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

***Indicator detail*:** The data presented are residents who rent as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Persons living in private dwellings with no motor vehicle: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

***Policy context*:** For further information see: **https://phidu.torrens.edu.au/notes-on-the-data/demographic-social/dwellings-no-vehicles**

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 2016.

Low income - $1-$649 per week HIED Equivalised total household income (annual $1 to $33,799).

Triple jeopardy (a) - Persons in private dwellings who live alone, on low income and with a disability: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Indicator detail: The data presented are people who live alone, on low income and with a disability as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

Low-income is commonly defined as the bottom two quintiles of the national income distribution (the '40% rule'). For individuals, this is calculated based on personal income, while for households this is calculated from equivalised household income (which is itself calculated from personal income).

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

Triple jeopardy (b) - Persons in private dwellings who rent, on low income and with a disability: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Indicator detail: The data presented are people who rent, on low income (as defined above) and with a disability as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Quadruple jeopardy - Persons in private dwellings who rent, live alone, on low income and with a disability: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Indicator detail: The data presented are people who rent, live alone, on low income (as defined above) and with a disability as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

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

Internet access at home, 2016

Persons in private dwellings with no Internet connection: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Persons in private dwellings with an Internet connection: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Indicator detail: The data include Internet access at private dwellings only.

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

Income support recipients, June 2020

Age pensioners, June 2020
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Indicator detail: Age Pension is a support payment for people who have reached the qualifying age. From 1 July 2013, the qualifying age for both men and women is 65 years. From 1 July 2017 the Age Pension qualifying age will progressively increase from 65 years to 67 years, reaching 67 years in 2023. This affects both men and women born on or after 1 July 1952. To qualify for the Age Pension, a person must have been an Australian permanent resident for a total of 10 years with at least five of those years being continuous, or have a qualifying residence exemption, or satisfy the residence requirements under an international social security agreement. The Department of Veterans' Affairs (DVA) provides a Service Pension (Age) to eligible people who have reached 60 years. However, these data were not available to include in this release for data at June 2020. In 2017 there were 3,678 people receiving the DVA Age Pension.

Additional notes:

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

The Centrelink data were provided at the Statistical Area Level 2 (SA2) and Local Government Area (LGA) levels and data cells with counts of less than five were suppressed (confidentialised). Due to the confidentialisation of data cells, there may be undercounting of some of the final numbers presented, where the final data are based on combining two indicator sub-sets, which may include the aggregation of confidentialised and non-confidentialised cells. Therefore, the figures can be undercounted by up to 4 people if one of the cells at the SA2 level comprising a PHA or LGA is confidentialised. Data in the 'Unknown' data row in the Excel data workbooks are calculated from the difference between the sum of the PHA or LGA data to the State/Territory totals and include the sum of these suppressed cells.

Source: 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.

Seniors Health Card holders, June 2020
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Indicator detail: The Seniors Health Card gives older Australians access to cheaper prescription medicines, Australian government funded medical services, and other government concessions. People eligible for a Seniors Health Card must have reached Age Pension age but do not qualify for a payment by the Department of Human Services or the Department of Veterans' Affairs.

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

Source: 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.

Education, 2016

People who left school at Year 10 or below, or did not go to school: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

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 65 years and over (usual resident population) as appropriate, based on the Australian standard.

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

Labour force, 2016

Labour force participation: 65+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Indicator detail: The data presented the number of people who are employed as a percentage of the total population aged 65 years and over. This indicator is based on data in the ABS Population Census. As it is based on self-reported information, and not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey and used in the DoE estimates (above), it will not necessarily be consistent with the official estimates labour force participation published by the ABS.

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

Unemployed (looking for work): 65+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Indicator detail: The data presented the number of people who are unemployed as a percentage of the total population aged 65 years and over. This indicator is based on data in the ABS Population Census. As it is based on self-reported information, and not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey and used in the DoE estimates (above), it will not necessarily be consistent with the official estimates labour force participation published by the ABS.

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

Not in the labour force: 65+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Indicator detail: The data presented the number of people who are not in the labour force as a percentage of the total population aged 65 years and over. This indicator is based on data in the ABS Population Census. As it is based on self-reported information, and not subject to the criteria for labour force participation applied by the ABS in the Labour Force Survey and used in the DoE estimates (above), it will not necessarily be consistent with the official estimates labour force participation published by the ABS.

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

Low income, 2016

Persons in private dwellings on low income: 65+, 75+, 85+ years, 2016
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

The data comprise people on low income as a percentage of the total population aged 65 years and over living in occupied private dwellings, as appropriate.

Low-income is commonly defined as the bottom two quintiles of the national income distribution (the '40% rule'). For individuals, this is calculated based on personal income, while for households this is calculated from equivalised household income (which is itself calculated from personal income).

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, ACPR

***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.

Community strengths, 2016

Voluntary work for an organisation or group: 65+, 75+ and 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

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

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 11.1% of the population aged 65 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 2016.

Child care: unpaid, 2016

Child care to own child/children (unpaid), provided by people: 65+, 75+ and 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Child care to other child/children (unpaid), provided by people: 65+, 75+ and 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Total (unpaid) child care, provided by people: 65+, 75+ and 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

***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 65 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 65 years and over to their own child/ children (aged under 15 years)
- Unpaid child care provided by people aged 65 years and over to other child/ children (aged under 15 years); and
- Total (unpaid) child care provided by people aged 65 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 11.6% of people aged 65 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.

Health status, disease prevention, disability and deaths

Disability, 2016

Assistance to people with a disability (unpaid): 65+, 75+, 85+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

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

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

The data exclude the 12.6% of people aged 65 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 ABS Census 2016 data.

People with a profound or severe disability (includes people in long-term accommodation), 65+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

People with a profound or severe disability and living in the community, 65+ years, 2016 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

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

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 aged 65 years and over– including those living in long-term residential accommodation in nursing homes, accommodation for the retired or aged (not self-contained), hostels for the disabled and psychiatric hospitals: the 'total' figure in this atlas includes people living in these accommodation types, whereas the figure for 'living in the community' excludes them.

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

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

People with one of more activities for which assistance is needed (modelled estimates), 65+ years, 2015 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

People with one of more activities for which assistance is needed and whose need for formal (organised) assistance is unmet (modelled estimates), 65+ years, 2015 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Indicator detail: The modelled estimates for small areas data was developed by the Australian Bureau of Statistics (ABS) for the NSW Department of Family and Community Services. This data presented, based on the 2012 Survey of Disability and Carers (SDAC) projected to 2015 (DSS population projections for June 2015) details the number of activities for which assistance is needed by people aged 65 years and over, and for which assistance is always needed by unmet need for formal (organised) assistance (selected reasons) by people aged 65 years and over.

Source: Compiled by PHIDU based on the NSW Department of Family and Community Services - Survey of Disability, Ageing and Carers, 2012, Modelled estimates for small areas - Prepared by the Regional Statistics National Centre, ABS (Release 3 (Final): May 2015).

Bowel screening, 2016 and 2017

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

1. Formal publication and reporting of the NBCSP data are undertaken by the Australian Institute of Health and Welfare on behalf of the Department of Health. NBCSP data included in this report provided by the Department of Health are not part of the formal publication and reporting process for NBCSP data.

2. Cautionary note about small numbers - Due to a larger degree of statistical fluctuation in small numbers, great care should be taken when assessing apparent differences involving small numbers and measures based on small numbers.

Source: Compiled by PHIDU based on data provided by the Department of Health from the National Bowel Cancer Screening Program, 2016 and 2017.

Total males who participated in the National Bowel Cancer Screening Program, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Total females who participated in the National Bowel Cancer Screening Program, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Total people who participated in the National Bowel Cancer Screening Program, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

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

Indicator detail: The data comprise the number of males/ females/ people aged 50-74 years who participated in the National Bowel Cancer Screening Program between 1 January 2016 and 31 December 2017, expressed as a proportion of the number of males/ females/ people aged 50-74 years who were invited to participate in the National Bowel Cancer Screening Program between 1 January 2016 and 31 December 2017.

Where there are fewer than six events (invitees, participants) in an area, the data is suppressed to protect confidentiality. In addition, the current NBCSP data is presented over two calendar years - 2016 and 2017, hence it is not comparable with the previous release for 2014/15 (one financial year).

National Bowel Cancer Screening Program: positive test result, males, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Remoteness, ACPR*

National Bowel Cancer Screening Program: positive test result, females, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Remoteness, ACPR*

National Bowel Cancer Screening Program: positive test result, people, 2016 and 2017 *– by PHA, LGA, PHN, Quintiles, Remoteness, ACPR*

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

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

The data comprise the number of males/ females/ people aged 50-74 years who received a positive test result from the Faecal Occult Blood Test (FOBT) in the National Bowel Cancer Screening Program between 1 January 2016 and 31 December 2017, expressed as a proportion of the number of males/ females/ people aged 50-74 years who participated in the National Bowel Cancer Screening Program between 1 January 2016 and 31 December 2017.

Where there are fewer than six events (invitees, participants) in an area, the data is suppressed to protect confidentiality. In addition, the current NBCSP data is presented over two calendar years - 2016 and 2017, hence it is not comparable with the previous release for 2014/15 (one financial year).

Mortality by sex, 2015 to 2019

Deaths of males aged 65+ years, 2015 to 2019 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Deaths of females aged 65+ years, 2015 to 2019 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Total deaths, persons aged 65+ years, 2015 to 2019 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Mortality by selected cause, 2015 to 2019

Deaths from cancer, people aged 65+ years, 2015 to 2019 *– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

ICD-10 codes: C00-D48

- Deaths from colorectal cancer, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C18-C20
- Deaths from pancreatic cancer, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C25
- Deaths from lung cancer, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C33, C34
- Deaths from breast cancer, females aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C50
- Deaths from prostate cancer, males aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C61
- Deaths from cancer of lymphoid, haematopoietic and related tissue, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: C81-C96

Deaths from diabetes, people aged 65+ years, 2011 to 2015
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: E10-E14

Deaths from dementia and alzheimer disease, people aged 65+ years, 2011 to 2015
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: F01, F03 and G30

Deaths from circulatory system diseases, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: I00-I99

- Deaths from ischaemic heart disease, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: I20-25
- Deaths from hypertensive diseases, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: I10-I15
- Deaths from heart failure, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: I50
- Deaths from cerebrovascular disease, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: I60-I69

Deaths from respiratory system diseases, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: J00-J99

- Deaths from influenza and pneumonia, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: J09-J18
- Deaths from Chronic Obstructive Pulmonary Disease (COPD), people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR
  ICD-10 codes: J40-J44

Deaths from renal failure, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: N17-N19

Deaths from falls, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10 codes: W00-W19

Indicator detail: For all indicators, the data presented are the average annual indirectly age-standardised rates per 100,000 total population (aged 65 years and over); 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, with data being released as preliminary, revised, or final. This release is comprised of preliminary data for 2015 revised data for 2014 and final data for 2011, 2012 and 2013. 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 2011 to 2015 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population at the small area level is the ABS Estimated Resident Population (ERP), 30 June 2011 to 30 June 2015, Statistical Areas Level 2; the population standard is the ABS ERP for Australia, 30 June 2011 to 30 June 2015.

Premature mortality by sex, 2015 to 2019

Deaths of males aged 65 to 74 years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Deaths of females aged 0 to 74 years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total deaths, 0 to 74 years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Premature mortality by selected cause, 2015 to 2019

Deaths from cancer, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

- Deaths from lung cancer, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Deaths from circulatory system diseases, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

- Deaths from ischaemic heart disease, people aged 65+ years, 2015 to 2019
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Deaths from respiratory system diseases, people aged 65+ years, 2015 to 2019
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Calculation of death rates for quintiles

Note for all *mortality and premature mortality (quintiles only)*:

Death rates were calculated by allocating deaths to one of five groups of areas (quintiles) based on the Index of Relative Socio-economic Disadvantage (IRSD[1] [1]). To produce quintiles of socioeconomic disadvantage, the smallest geographic areas for which the mortality data were available[2] were ranked by their IRSD score and categorised into five population-equivalent groups, each comprising areas with 20% of the population. The death rate was then calculated for each quintile, with quintile 1 containing the highest socioeconomic status areas (least disadvantaged) and quintile 5 comprised of the lowest socioeconomic status areas (most disadvantaged). The same approach was applied to calculate the median age of death and avoidable mortality.

The IRSD scores for each Census were used to produce the quintiles for the Census year and the two years before and the two years after that Census year. So, the 2016 IRSD was applied to the years 2014 to 2018. A limitation of this approach using the IRSD, is that the Australian Bureau of Statistics, who produce the IRSD, undertake a principal components analysis following each Census, with some change in variables in the analysis. However, we are not aware of a more robust process for making this comparison.

[1] The IRSD is one of the Socio-Economic Indexes for Areas (SEIFA), produced by the Australian Bureau of Statistics (see reference [1], above).
[2] Mortality data from 1987 to 2011 were available by Statistical Local Area (SLA) and from 2012 on by Population Health Area (PHA).

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

References

1. Australian Bureau of Statistics (ABS). 2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. Available from **https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IRSD~19**, last accessed 13 February 2020.

Use and provision of health and welfare services

Hospital admissions, public hospitals 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: 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 unless assigned to their respective State/Territory.

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

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.

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, 2018/19

Male total admissions (excluding dialysis), 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Female total admissions (excluding extracorporeal dialysis), 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total admissions (excluding dialysis), 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Hospital admissions by principal diagnosis and sex, 2018/19

Admissions for infectious and parasitic diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: A00-B99

Admissions for all cancers, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: C00-D48

Admissions for endocrine, nutritional and metabolic diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: E00-E90

- Admissions for diabetes, persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Admissions for mental health related conditions, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: F00-F99

- Mood affective disorders, persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: F30-F39

Admissions for nervous system diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: G00-G99

Admissions for eye and adnexa diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: H00-H59

Admissions for ear and mastoid process diseases, persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: H60-H95

Admissions for circulatory system diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: I00-I99

- Ischaemic heart disease, males/ females/ persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

  ICD-10-AM codes: I20-I25
- Heart failure, males/ females/ persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

  ICD-10-AM codes: I50
- Stroke, males/ females/ persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

  ICD-10-AM codes: I60-I64

Admissions for respiratory system diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: J00-J99

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

  ICD-10-AM codes: J00-J99

Admissions for digestive system diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: K00-K93

Admissions for skin and subcutaneous tissue diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: L00-L99

Admissions for musculoskeletal system and connective tissue diseases, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: M00-M99

Admissions for genitourinary system diseases, males/ females/ persons, 65+ years
– *by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

ICD-10-AM codes: N00-N99

- Chronic kidney disease, persons, 65+ years
  – by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

  ICD-10-AM codes: 49.0, 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

Admissions for injury, poisoning and other external causes, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: SOO-T98

Hospital admissions by principal diagnosis of injury and poisoning, by external cause and sex, 2018/19

Falls, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness, ACPR*

ICD-10-AM codes: W00-W19

Other diagnosis of injury or poisoning, by external cause, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness, ACPR*

ICD-10-AM codes: (W65-W74, X00-X19, and other reported external cause codes)

Total diagnosis of injury or poisoning, by external cause, males/ females/ persons, 65+ years
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness, ACPR*

ICD-10-AM codes: V00 to Y09 and other reported external cause codes)

Hospital admissions by procedure, 2014/15

Admissions for a coronary angioplasty, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Admissions for a cardiac catheterisation, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: 38200-00, 38218-01, 38203-00, 38218-00, 38206-00 and/or 38218-02

Admissions for a hip fracture, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: M84.45, S72.00-S72.05, S72.08, S72.10-S72.11, S72.2

Admissions for a knee replacement, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: 49527-00, 49554-00, 49530-00, 49533-00, 49530-01, 49517-00, 49518-00, 49519-00, 49534-01, 49521-00, 49521-01, 49521-02, 49521-03, 49524-00 and/or49524-01

Admissions for fibre optic colonoscopy, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: 32090-00, 32084-00, 32084-02 and/or 32090-02

Admissions for fibre optic colonoscopy with excision, 65+ years
by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

ICD-10-AM codes: 32090-01, 32093-00, 32087-00 and/or 32084-01

Same-day admissions for renal dialysis, 2018/19

Same-day dialysis for kidney disease, 65+ years
– by PHA, LGA, PHN, *Quintiles, Quintiles within PHNs, Remoteness, ACPR*

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

Additional indicator detail: The data presented are of the number of same-day admissions for dialysis for kidney disease, including both haemodialysis and peritoneal dialysis, International Classification of Disease (ICD-10-AM) codes Z49.1 and Z49.2. There are two main types of dialysis: peritoneal, which occurs inside the body and can be performed almost anywhere, usually in the home setting; and haemodialysis, which occurs outside the body and is

most often conducted in a hospital or satellite setting. The reason for presenting these data separately from overnight admissions is that they represent many repeat visits by a relatively small number of patients, who may have multiple admissions in a week. Their inclusion with other (overnight) admissions can dramatically alter the geographic distribution of these other categories of admissions. This is particularly evident in regional and remote areas, where dialysis facilities are located, and where those using them may have moved to live to be near the facility.

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

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.

Potentially preventable hospitalisations, 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.

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, 2018/19

Potentially preventable conditions, 65+years

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

Potentially preventable hospitalisations - Vaccine-preventable, 2018/19

Admissions for vaccine preventable conditions - pneumonia and influenza, 65+ years

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

Admissions for total vaccine preventable conditions, 65+ years

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

Potentially preventable hospitalisations – Acute conditions, 2018/19

Admissions for acute cellulitis, 65+ years

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

Admissions for acute urinary tract infections, including pyelonephritis, 65+ years

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

Admissions for other acute conditions, 65+ years

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

Admissions for total acute conditions, 65+ years

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

Potentially preventable hospitalisations – Chronic conditions, 2018/19

Admissions for chronic angina, 65+ years

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

Admissions for chronic congestive cardiac failure, 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*
Admissions for Chronic Obstructive Pulmonary Disease (COPD), 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*
Admissions for chronic diabetes complications, 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*
Admissions for chronic iron deficiency anaemia, 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*
Admissions for other chronic conditions, 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*
Admissions for total chronic conditions, 65+ years
– by *PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR*

Emergency department presentations, 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, ACPR 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.

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

Resuscitation presentations - Total, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Emergency presentations - Total, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Urgent presentations - Total, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Semi-urgent presentations - Total, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Non-urgent presentations - Total, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

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

Total presentations, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for certain infectious and parasitic diseases, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for mental and behavioural disorders, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for diseases of the circulatory system, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for diseases of the respiratory system, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for diseases of the digestive system, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for diseases of the musculoskeletal system and connective tissue, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for diseases of the genitourinary system, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for injury, poisoning and certain other consequences of external causes, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for factors influencing health status and contact with health services, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR

Total presentations for other diseases/ conditions, 65+ years
– by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness, ACPR