

Aboriginal and Torres Strait Islander Social Health Atlas of Australia

Notes on the data

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Geographical structures

For information regarding the geographies available, refer to the [geographical structures](#) information.

Statistical information

For information on the statistics presented, refer to the [statistical information](#) available from the PHIDU website.

Modelled estimates

Overview

National surveys like the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are designed to measure population characteristics for Australia or for a large proportion of the Australian population such as for a state or territory. Due to sample size limitations, it is not possible to provide accurate measures of population characteristics at lower geographic levels. The survey sample size is often too small, resulting in high margins of error. To meet user demands for information at lower geographic levels, the Australian Bureau of Statistics (ABS) can produce modelled estimates. Modelled estimates use both the survey responses for NATSIHS, together with other information about the population of a geographic area gained from the Population Census and administrative data sources to build a predictive model that estimates a given characteristic for a small area. The term “small area” refers to a geographical area that is smaller than a state or territory, such as Indigenous Areas, Indigenous Regions and Primary Health Networks. Strictly speaking modelled estimates are not as reliable as directly estimated survey measures from the NATSIHS. Measures of error are provided with these estimates (in the data) and the Technical Appendix explains what types of error are present.

Modelled estimates can be used for observing national trends by using the complete set of modelled data for Indigenous Areas (IAREs) across Australia or a state/territory to support program evaluation or resource allocation or looking at trends across a range of IAREs. For example, looking at a range of areas in remote Australia or along the Eastern seaboard with high or low number or proportion of people with the selected characteristic. A modelled estimate for a single area on its own should be used with extreme caution. Models are limited by the input data. Often significant local information about particular small areas exists but has not been collected for all areas and cannot be incorporated into the models.

The ABS has used a number of methods to measure the quality of the estimates, one of which is the relative root mean squared error (RRMSE) of the modelled estimates. The RRMSEs are included with the data. Users are advised that:

- estimates with RRMSEs less than 25% are considered reliable for most purposes;
- 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.

Indigenous Areas and Indigenous Regions

Small area modelled estimates are produced by the ABS to provide users reliable estimates at a lower geographic level than State or Territory. Initially, the ABS produced a set of estimates from the 2018–19 NATSIHS for Indigenous Regions. PHIDU raised the possibility of having similar estimates for a selection of the variables at the (smaller) Indigenous Area level, for Indigenous Areas where the population was large enough and the particular variable had a sufficiently high proportion in the population. The ABS agreed, and it is the result of their further work that is presented here.

Where estimates could not be made for an Indigenous Area, as a result of its population size, the data for that Indigenous Area have been grouped with other, unpublished Indigenous Areas within the over-arching Indigenous Region, and a rate for the combined group calculated and published. Modelled estimates use both the survey responses from the NATSIHS, together with other information about the population of a geographic area gained from the Population Census and administrative data sources to build a predictive model that estimates a given characteristic for a small area. Details of the method used and accuracy of results are available from the ABS Explanatory Notes: Modelled estimates for small areas based on the 2018–19 National Aboriginal and Torres Strait Islander Health Survey

For the Indigenous Regions (IREG) of Tasmania (IREG601) and Australian Capital Territory (IREG801), direct estimates were published instead of modelled estimates. Estimates for the States/ Territories, Greater Capital City Statistical Areas (GCCSA) and Remoteness Areas are also direct estimates, extracted using the ABS TableBuilder.

Terminology

'Aboriginal' and 'Indigenous Australians' refer to Aboriginal and Torres Strait Islander people.

Notes on the Data: Indicators and Data sources

The geographical structure acronyms are defined as follows:

'IAREs' - Indigenous Areas, 'IREGs' – Indigenous Regions, 'PHNs' - Primary Health Networks, 'Quintiles' - Quintiles of socioeconomic disadvantage of area (based on the ABS Indigenous Relative Socioeconomic Outcomes Index); '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, disease prevention, disability and deaths](#) and [Use and provision of health and welfare services](#).

Demographic and social indicators

Age distribution, estimated resident population, 2020

Aboriginal male/ female/ total population by 5-year age groups: 0-4 years to 65+ years, estimated resident population, 2020

- by IARE, PHN, Remoteness Areas

Indicator detail: The data presented are the age/ sex group total as a per cent of the total Aboriginal male/ female/ total population in each age/sex group.

There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the Australian Bureau of Statistics (ABS) (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, PHIDU has produced an estimated resident population at 2016. This is of particular importance for the calculation of rates of hospitalisation, mortality etc.

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

Source: Developed by PHIDU, using the method as noted above

Indigenous status, estimated resident population, 2020

Aboriginal population as a proportion of total population, estimated resident population, 2020

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are the number of Aboriginal people as a proportion of the total Australian population.

There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, PHIDU has produced an estimated resident population at 2016. This is of particular importance for the calculation of rates of hospitalisation, mortality etc.

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Source: Developed by PHIDU, using the method as noted above

Indigenous status by age, estimated resident population, 2020

Aboriginal population as a proportion of total population by 5-year groups: 0-4 years to 65+ years, estimated resident population, 2020

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are the number of Aboriginal people in each 5-year age group as a proportion of the total Australian population.

There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, PHIDU has produced an estimated resident population at 2016. This is of particular importance for the calculation of rates of hospitalisation, mortality etc.

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

Source: Developed by PHIDU, using the method as noted above

Education

Aboriginal children aged four or five years enrolled in a preschool program in Australia in 2020 – enrolled for less than 15 hours, or 15 hours or more

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data are presented as the number of Aboriginal children aged four or five years enrolled in a preschool program, for less than 15 hours, or 15 hours or more and total, as a proportion of the estimated resident population (ERP) of Aboriginal children at those ages in 2020.

Note that the choice of the population (the sum of four and five year old children) as the denominator does not replicate the results published by the ABS for Aboriginal children. This occurs because the ABS have used a [calculation](#) (which we cannot replicate at the IARE level), to produce a denominator that reflects the different ages across the states and territories at which children are enrolled in preschool. Had we published the data separately for four and five year old children, a majority of IAREs would have had over 100% of the four year old cohort as enrolled in a preschool program; and for the five year old cohort the data for a majority of IAREs would have been suppressed, due to small numbers. Despite combining the ages there is, however, a small number of areas with percentages in excess of 100%.

In addition, it should be noted that in 2020, there were some 8,541 Aboriginal children aged three or six enrolled in a preschool program.

Care should be taken when interpreting preschool enrolments data for 2020. 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, 2020 (data extracted from Survey TableBuilder) and estimated resident population (PHIDU).

Aboriginal early school leavers who left school at Year 10 or below, or did not go to school, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data are presented as an age-standardised rate, to adjust for the changing rates of educational opportunity and participation faced by subsequent generations of the population.

The data presented are the number of Aboriginal persons who left school at Year 10 or below, or did not go to school as a proportion of all Aboriginal people aged 16 years and over.

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. In addition, the numerator excludes the 9.5% of the population aged 15 years and over whose highest year of school 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.

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

- by IARE, PHN, Quintiles, Remoteness Areas

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 Australian Bureau of Statistics (ABS) Population Census. As such, they are not official estimates of participation at age 16 in full-time secondary education. However, they are useful in showing the extent of variations between areas, by socioeconomic status and by remoteness.

The data presented are the number of Aboriginal young people aged 16 years in full-time secondary school education, as a proportion of all Aboriginal people 16 years of age.

Secondary school is either Government, Catholic or other non-Government schools.

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

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

Aboriginal participation in vocational education and training, 2020

- by IARE, PHN, Quintiles, Remoteness Areas

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

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

Source: Compiled by PHIDU based on data from the National Centre for Vocational Education Research Ltd., 2020; and the PHIDU Indigenous estimated resident population, 2020.

Load Pass Rate of vocational education and training subjects for Aboriginal students, 2020

- by IARE, PHN, Quintiles, Remoteness Areas

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

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

Definitions

Load Pass Rate

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

The calculation for LPR is as follows:

Competency achieved passed + RPL granted, as a proportion of

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

Source: Compiled by PHIDU based on data from the National Centre for Vocational Education Research Ltd., 2020.

School leavers enrolled in higher education, Aboriginal students, 2021

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data comprise school leavers who are identified as enrolled at an Australian university at 31 March 2021. 'School leavers' are students who attained an Australian Year 12 qualification in 2020 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 2020, as this is the age of the majority of Year 12 students at 30 June 2020. As age data at the small geographical area level are not available by single years, the number at age 17 was estimated from the number in the five-year age group 15 to 19 years.

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

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

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 2021.
- Data for 2021 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) Estimated resident population, 30 June 2020.

Early childhood development: Australian Early Development Census indicators, 2018

Aboriginal children assessed as developmentally vulnerable on one or more domains, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable on two or more domains, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the physical health and wellbeing domain, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the social competence domain, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the emotional maturity domain, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the language and cognitive (school-based) domain, 2018

- by IARE

Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the communication skills and general knowledge domain, 2018

- by IARE

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

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).

Note: The data supplied for Boulia - Diamantina - Winton and Carpentaria - Burke - Mornington were grouped communities, as were the raw data for Canberra – South and Stromlo - Namadgi. The data presented here are of these grouped communities.

Source: Compiled by PHIDU based on data from the 2018 Australian Early Development Censuses, provided by the Australian Government Department of Education and Training.

Learning or Earning, 2016

Aboriginal people 15 to 24 years engaged in school, work or further education/training, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are of Aboriginal people aged 15 to 24 years engaged in school, work or further education/training, as a proportion of all Aboriginal people aged 15 to 24 years.

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

Families, 2016

Aboriginal single parent families with children aged less than 15 years, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are one parent families with children under 15 years where at least one family member at home on Census night was an Aboriginal or Torres Strait Islander person (may include families with dependent students and non-dependents), as a proportion of all Aboriginal families with children under 15 years.

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

Aboriginal low-income families, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are families with at least one Aboriginal person counted at home on Census night and with an income under \$26,000 p.a, as a proportion of all Aboriginal families.

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

Aboriginal jobless families with children aged less than 15 years, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are families with at least one Aboriginal person counted at home on Census night and either couple families with children under 15 years in which two persons whose relationship in the household was "husband, wife or partners (including same-sex partners)" reported their labour force status as "unemployed" or "not in the labour force"; or in which the lone parent in the family reported their labour force status as "unemployed" or "not in the labour force".

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

Children aged less than 15 years in Aboriginal jobless families, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are children aged less than 15 years in families with at least one Aboriginal person counted at home on Census night and either couple families with children under 15 years in which two persons whose relationship in the household was "husband, wife or partners (including same-sex partners)" reported their labour force status as "unemployed" or "not in the labour force"; or in which the lone parent in the family reported their labour force status as "unemployed" or "not in the labour force".

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

Aboriginal children in families where the mother has low educational attainment, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are of children aged less than 15 years living in families where the mother was an Aboriginal or Torres Strait Islander person and whose highest level of schooling was year 10 or below, or where the mother 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.

Housing, 2016

Private dwellings rented by Aboriginal households from the government housing authority, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: 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.

An Aboriginal household is any household where at least one usual resident at home on Census night was an Aboriginal or Torres Strait Islander person.

The data presented are of private dwellings rented by Aboriginal households from the government housing authority, as a proportion of all private dwellings with Aboriginal households.

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

Private dwellings rented by Aboriginal households from a housing co-operative, community or church group, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: 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.

An Aboriginal household is any household where at least one usual resident at home on Census night was an Aboriginal or Torres Strait Islander person.

The data presented are of private dwellings rented by Aboriginal households from a housing co-operative, community or church group, as a proportion of all private dwellings with Aboriginal households.

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

Aboriginal persons living in rented social housing dwellings, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Social housing is defined as occupied private dwellings rented from the government housing authority, a housing co-operative, community or a church group. The data include households in private dwellings only. A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

The data presented are of Aboriginal persons living in rented social housing dwellings (counting persons), as a proportion of total Aboriginal persons living in private dwellings.

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

Aboriginal persons living in privately rented dwellings, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Privately rented is made up of private dwellings rented from a real estate agent, person not in the same household, other landlord type and landlord type not stated. The data include households in private dwellings only.

The data presented are of Aboriginal persons living in privately rented dwellings (counting persons), as a proportion of total Aboriginal persons living in private dwellings.

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

Social housing (rented) dwellings with Aboriginal households, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Social housing is defined as occupied private dwellings rented from the government housing authority, a housing co-operative, community or a church group. The data include households in private dwellings only. A private dwelling can be a house, flat or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop.

The data presented are of social housing rented dwellings with Aboriginal households (counting dwellings), as a proportion of total occupied private dwellings with Aboriginal households.

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

Privately rented dwellings with Aboriginal households, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Privately rented is made up of private dwellings rented from a real estate agent, person not in the same household, other landlord type and landlord type not stated. The data include households in private dwellings only.

The data presented are of privately rented dwellings with Aboriginal households (counting dwellings), as a proportion of total occupied private dwellings with Aboriginal households.

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

Housing suitability, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The criteria used to derive the variable are based on the Canadian National Occupancy Standard for housing appropriateness and are sensitive to both household size and composition. The measure assesses the bedroom requirements of a household by specifying that:

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

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.

An Aboriginal household is any household where at least one usual resident was an Aboriginal or Torres Strait Islander person.

The data presented are of dwellings rented by Aboriginal households requiring extra bedrooms, as a proportion of all private dwellings with Aboriginal households.

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

Aboriginal persons living in crowded dwellings, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Aboriginal persons living in 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.

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

Aboriginal persons living in severely crowded dwellings, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: Aboriginal persons living in 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).

Severely crowded households are one of the six Homeless Operational Groups developed by the ABS to estimate homelessness. This is because people living in severe overcrowding are considered to lack of control of and access to space for social relations (one of the key elements of the ABS definition of homelessness) and are considered not to have accommodation alternatives when remaining in such extreme living arrangements (ABS, 2012).

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

Internet access at home, 2016

Private dwellings with Aboriginal households, and Internet not accessed at dwelling, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Private dwellings with Aboriginal households, and Internet accessed at dwelling, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Private dwellings with Aboriginal households with children, and Internet not accessed at dwelling, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Private dwellings with Aboriginal households with children, and Internet accessed at dwelling, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Aboriginal children*, aged less than 15 years, and Internet was not accessed at dwelling, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data record whether any member of the household accesses the Internet from the dwelling. This includes accessing the internet through a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other device. It also includes accessing through any type of connection for example ADSL, fibre, cable, wireless, satellite and mobile broadband (3G/4G).

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.

An Aboriginal household is any household where at least one usual resident was an Aboriginal or Torres Strait Islander person.

*Does not include children aged less than 15 years who were not at their usual place of residence on Census night 2016.

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

Labour force, 2016

Aboriginal unemployment, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

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

Aboriginal female labour force participation, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

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

Summary measure of Indigenous outcomes, 2016

Indigenous Relative Socioeconomic Outcomes Index, 2016

- by IARE, PHN, Remoteness Areas

Indicator detail: The Indigenous Relative Socioeconomic Outcomes index (IRSEO) is an Indigenous specific index derived by the Centre for Aboriginal Economic Policy Research (CAEPR) from the 2016 Census of Population and Housing.

The IRSEO is composed of nine socioeconomic outcomes of the usual resident population. These are:

- Population 15 years and over employed;
- Population 15 years and over employed as a manager or professional;
- Population 15 years and over employed full-time in the private sector;
- Population 15 years and over who have completed Year 12;
- Population 15 years and over who have completed a qualification;
- Population 15 to 24 years old attending an educational institution;
- Population 15 years and over with an individual income above half the Australian median;
- Population who live in a house that is owned or being purchased; and
- Population who live in a house with at least one bedroom per usual resident.

The IRSEO reflects relative advantage or disadvantage at the Indigenous Area level. The Index ranges from 1 to 100, where a score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.

For further information, refer to the [Socioeconomic outcomes paper](#), produced by the Centre for Aboriginal Economic Policy Research (CAEPR).

Source: Compiled by PHIDU based on the CAEPR Indigenous Relative Socioeconomic Outcomes Index, 2016 data.

Note: Greater Capital City Statistical Areas, major urban centres, State/ Territory and Australian totals were constructed using population-weighted averages.

Health status, disease prevention, disability and deaths

Mothers and babies, 2017 to 2019

Data quality: As is the case in most statistical collections in Australia, Indigenous status is under-reported in the National Perinatal Data Collection, from which these data are compiled. However, the level of completeness of coverage (the extent to which the identification of Indigenous Australians occurs) in these collections is generally higher than in other data collections, such as those reporting deaths or hospital admissions. It should also be noted that coverage is likely to vary between geographical areas. Data for many remote areas, particularly in Western Australia and Northern Territory, should be treated with caution as the quality of the population correspondence provided by the Australian Bureau of Statistics is rated as 'Poor'.

Low birthweight babies, 2017 to 2019

- by IARE, Quintiles, Remoteness Areas

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

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

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

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, 2017 to 2019

- by IARE, Quintiles, Remoteness Areas

Indicator detail: The data comprise Aboriginal and Torres Strait Islander women who reported that they smoked during a pregnancy, expressed as a proportion of the number of pregnancies of Aboriginal and Torres Strait Islander women. 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 previous to 2015 to 2017 were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data, provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

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

Antenatal visits, 2017 to 2019

- by IARE, Quintiles, Remoteness Areas

Indicator detail: The data comprise Aboriginal and Torres Strait Islander women who gave birth and did not have an antenatal visit in the first 10 weeks of pregnancy, expressed as a proportion of the total number of Aboriginal and Torres Strait Islander 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.

Immunisation, 2018 calendar year

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

- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are of registered* Aboriginal 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.

For further information, refer to [coverage information](#) produced by the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS).

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

Note: In this edition the data for the Anangu Pitjantjatjara Indigenous Area have been shown as 'n.a.' (not available), due to concerns as to the reliability of the data.

*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.

Self-assessed health (estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for self-assessed health from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

Estimated number of people aged 15 years and over, who reported their self-assessed health as fair or poor, 2018–19

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over, who reported their self-assessed health as good, 2018–19

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over, who reported their self-assessed health as excellent or very good, 2018–19

- by IARE, IREG, Remoteness Areas

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

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Prevalence of selected chronic diseases and conditions (estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for selected chronic diseases and conditions from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

Estimated number of people with circulatory system diseases, 2018–19

- by IARE, IREG, Remoteness Areas

Indicator detail: As part of the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), respondents were asked if they had ever been told by a doctor or nurse that they had one or more heart or other circulatory system conditions and if they considered they currently have one or more such conditions.

The following conditions, however, were included regardless of whether the condition was current and/or long-term:

- angina;
- heart attack;

- other ischaemic heart diseases;
- stroke;
- other cerebrovascular diseases.

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

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas are direct estimates compiled by PHIDU from Australian Bureau of Statistics customised reports, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimated number of people with endocrine, nutritional and metabolic diseases, 2018–19 - by IARE, IREG, Remoteness Areas

Indicator detail: These data refer to persons ever told by a doctor or nurse that they have diabetes, high cholesterol or other endocrine, nutritional and metabolic diseases; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Estimated number of people with respiratory system diseases, 2018–19 - by IARE, IREG, Remoteness Areas

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

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Prevalence of selected health risk factors (estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for selected health risk factors from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

Estimated number of people aged 18 years and over with low or moderate psychological distress, based on the modified Kessler Psychological Distress Scale (K5) - by IARE, IREG, Remoteness Areas

Estimated number of people aged 18 years and over with high or very high psychological distress, based on the modified Kessler Psychological Distress Scale (K5) - by IARE, IREG, Remoteness Areas

Indicator detail: Information was collected from respondents aged 18 years and over using the Kessler Psychological Distress Scale-5 (K5), a modified version of the Kessler Psychological Distress Scale-10 (K10) designed for use in surveys of Aboriginal and Torres Strait Islander people. This modified 5 item questionnaire yields a measure of psychological distress based on questions about negative emotional states (with different degrees of severity) experienced in the four weeks prior to interview. For each question, there is a five-level response scale based on the amount of time that a respondent experienced those particular feelings. The response options are 'none of the time'; 'a little of the time'; 'some of the time'; 'most of the time'; or 'all of the time'. Each of the items are scored from 1 for 'none' to 5 for 'all of the time'. Scores for the five items are summed, yielding a minimum possible score of 5 and a maximum possible score of 25, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K5 results from the 2018–19 NATSIHS are grouped into the following two levels of psychological distress: 'low/moderate' (scores of 5-11, indicating moderate, little or no psychological distress) and 'high/very high' (scores of 12-25). Based on research from other population studies, a 'very high' level of psychological distress shown by the K10 may indicate a need for professional help. In this atlas, data are published for respondents aged 18 years and over who scored in the 'low/moderate' or 'high/very high' levels of psychological distress.

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Estimated number of people aged 15 years and over who were underweight or in the normal weight range

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over who were overweight (but not obese)

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over who were obese

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over who were overweight or obese

- by IARE, IREG, Remoteness Areas

Indicator detail: The Body Mass Index (BMI) (or Quetelet's index) is a measure of relative weight based on an individual's mass and height. The height (cm) and weight (kg) of respondents, as measured during the National Aboriginal Torres Strait Islander Health Survey (NATSIHS) interview, were used to calculate the BMI. The BMI categories are as follows:

- Underweight (less than 18.5);
- Normal range (18.5 to less than 25.0);
- Overweight (25.0 to less than 30);
- Obese (30 or over).

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

Note that the modelled estimates are based on the 60.1% of Aboriginal people 15 years and over in the sample who had their height and weight measured. For respondents who did not have their height and weight measured, imputation was used to obtain height, weight and BMI scores. For more information refer to the ABS [National Aboriginal and Torres Strait Islander Health Survey methodology](#).

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Estimated number of people aged 15 years and over who were current daily smokers

- by IARE, IREG, Remoteness Areas

Estimated number of people aged 15 years and over who were current smokers (weekly or less than weekly), ex-smokers or have never smoked

- by IARE, IREG, Remoteness Areas

Indicator detail: The data on which the estimates are based are self-reported data, reported to interviewers in the 2018–19 NATSIHS. A current daily smoker is an Aboriginal person aged 15 years or over who reported at the time of interview that they smoked manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, pipes or other tobacco products at least once a day. It excludes chewing tobacco and smoking of non-tobacco products. An 'other' smoker is an Aboriginal person aged 15 years or over who reported at the time of interview that they smoked weekly or less than weekly, were ex-smokers or have never smoked

Source: Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

Disability

Aboriginal people with a profound or severe disability and living in the community, 2011

- by IARE, PHN, Quintiles, Remoteness Areas

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.

This indicator describes Aboriginal people of all ages with a profound or severe disability who were 'living in the community' only. The ABS published figures, however, include 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; as well as those 'living in the community'.

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 data provided by the Australian Bureau of Statistics, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey. ABS Census 2011 (unpublished) data.

Unpaid assistance provided by Aboriginal people aged 15 years and over to persons with a disability, 2016

- by IARE, PHN, Quintiles, Remoteness Areas

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 presented are Aboriginal people aged 15 years and over who provided unpaid assistance to persons with a disability, as a proportion of the total Aboriginal population aged 15 years and over.

Source: Compiled by PHIDU based on the ABS Census 2011 data.

Median age at death, 2016 to 2020

Median age at death of Aboriginal males, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN

Median age at death of Aboriginal females, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN

Median age at death of Aboriginal persons, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN

Indicator detail: Median age of death is an indicator of premature mortality. It is the age at which exactly half the deaths registered in a given time period were deaths of people above that age and half were deaths below that age.

Deaths data

For the detailed data files on which this analysis relies, in releases since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

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

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

Data quality

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage

to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

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

Premature mortality by age and sex, 2016 to 2020

Deaths of Aboriginal males/ females/ persons aged 0 to 54 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Deaths of Aboriginal males/ females/ persons aged 0 to 64 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Deaths of Aboriginal males/ females/ persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Indicator detail: The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population (aged 0 to 54 years/ 0 to 64 years /0 to 74 years, as appropriate); and/or indirectly age-standardised ratios, based on the Australian standard.

Deaths data

For the detailed data files on which this analysis relies, in releases since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

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However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

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While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Premature mortality by selected cause, 2016 to 2020

Deaths from cancer, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: C00-D48

- Deaths from lung cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: C33, C34

Deaths from diabetes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: E10-E14

Deaths from circulatory system diseases, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: I00-I99

- Deaths from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: I20-25

Deaths from respiratory system diseases, Aboriginal people aged 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: J00-J99

- Deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: J40-J44

Deaths from external causes, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: V01-Y98

- Deaths from road traffic injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38.[5,6,7,9], V39.[4,5,6,9], V40-V48[5,6,7,9], V49[4,5,6,9], V50-V48.[5,6,7,9], V59.[4,5,6,9], V60-V68.[5,6,7,9], V69.[4,5,6,9], V70-V78.[5,6,7,9], V79.[4,5,6,9], V81.1, V82.1, V82.9, V83-V86.[0,1,2,3], V87, V89.2, V89.3

- Deaths from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

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

Indicator detail: The data presented are the average annual directly age-standardised rates per 100,000 population (aged 0 to 54 years/ 0 to 64 years /0 to 74 years, as appropriate); and/or directly age-standardised ratios, based on the Australian standard.

Deaths data

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

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

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

Data quality

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Avoidable mortality by sex, 2016 to 2020

Deaths from all avoidable causes, Aboriginal males/ females/ persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintiles, Remoteness Areas

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

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

The data presented in this dataset are those listed in the [PI-16 Potentially avoidable deaths, 2018](#).

Indicator detail: The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population aged 0 to 74 years; and/or indirectly age-standardised ratios, based on the Australian standard. Not all of the causes of avoidable mortality are shown in this atlas as some have too few cases to be reliable indicators at the small area level.

Deaths data

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

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

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

Data quality

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

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Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Avoidable mortality by selected cause, 2016 to 2020

Avoidable deaths from cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from diabetes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from circulatory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from respiratory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

- Avoidable deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
 - by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from selected external causes of mortality (Falls; fires, burns; Suicide and self-inflicted injuries; etc.), Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

- Avoidable deaths from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
 - by IARE, PHN, Quintiles, Remoteness Areas

Avoidable deaths from other external causes of mortality (Transport accidents; Accidental drowning and submersion; etc.), Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
- by IARE, PHN, Quintiles, Remoteness Areas

- Avoidable deaths transport accidents, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)
 - by IARE, PHN, Quintiles, Remoteness Areas

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

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The data presented in this dataset are those listed in the [PI-16 Potentially avoidable deaths, 2020](#).

Indicator detail: The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population aged 0 to 74 years; and/or indirectly age-standardised ratios, based on the Australian standard. Not all of the causes of avoidable mortality are shown in this atlas as some have too few cases to be reliable indicators at the small area level.

Deaths data

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Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Potential years of life lost by age and sex, 2016 to 2020

Potential years of life lost, Aboriginal males/ females/ persons by broad year age group (0 to 54, 0 to 64 and 0 to 74 years), 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintiles, Remoteness Areas

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 Aboriginal and Torres Strait Islander males, females, persons aged 0 to 54, 0 to 64 and 0 to 74 years over the years 2016 to 2020, expressed as an average annual indirectly age-standardised rates per 1,000 Aboriginal males/ females/ population (aged 0 to 54, 0 to 64 and 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard.

Deaths data

For the detailed data files on which this analysis relies released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

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Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Potential years of life lost by selected cause, 2016 to 2020

Potential years of life lost from cancer, Aboriginal persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: C00-D48

- Potential years of life lost from lung cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: C33, C34

Potential years of life lost from diabetes, Aboriginal persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: E10-E14

Potential years of life lost from circulatory system diseases, Aboriginal persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: I00-I99

- Potential years of life lost from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: I20-25

Potential years of life lost from respiratory system diseases, Aboriginal persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: J00-J99

- Deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: J40-J44

Potential years of life lost from external causes, Aboriginal persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: V01-Y98

- Potential years of life lost from road traffic injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38.[5,6,7,9], V39.[4,5,6,9], V40-V48.[5,6,7,9], V49.[4,5,6,9], V50-V48.[5,6,7,9], V59.[4,5,6,9], V60-V68.[5,6,7,9], V69.[4,5,6,9], V70-V78.[5,6,7,9], V79.[4,5,6,9], V81.1, V82.1, V82.9, V83-V86.[0,1,2,3], V87, V89.2, V89.3

- Potential years of life lost from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by *IARE, PHN, Quintiles, Remoteness Areas*

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

Indicator detail: The data presented are the sum of the number of years between the actual age at death and 75 years of age for all deaths by selected cause of Aboriginal and Torres Strait Islander persons aged 0 to 74 years over the years 2016 to 2020, expressed as an average annual indirectly age-standardised rates per 1,000 Aboriginal males/ females/ population (aged 0 to 54, 0 to 64 and 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard.

Deaths data

For the detailed data files on which this analysis relies released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

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Data quality

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Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp), developed by PHIDU, 2016 to 2020 average, click [here](#) for more details.

Use and provision of health and welfare services

Hospital admissions, 2016/17 to 2018/19

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

Data have been aggregated over a period of three years to increase the number of admissions at the Indigenous Area level, thereby allowing data for more conditions to be published.

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 counted as separate admissions. The impact of these hospital transfers would result in a higher rate of admissions in regional areas compared to the metropolitan areas, as well as for certain conditions which are more likely to result in transfers.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality as well as under-identification of Aboriginal and Torres Strait Islander people. The AIHW found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported (Australian Institute of Health and Welfare 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW).

Data Source: There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, PHIDU has produced an estimated resident population at 2016. This is of particular importance for the calculation of rates of hospitalisation, mortality etc.

The ERP for June 2016 for Aboriginal populations is available from the ABS for Statistical Areas Level 2 (SA2, total population only): PHIDU concorded the SA2 populations to produce a 2016 ERP for each IARE. The ERP for 2016 is available by Indigenous Region (IREG), by 5-year age group. To produce estimated resident populations by age group for each IARE, PHIDU applied the proportional age distribution from the Census counts (usual resident population) in each IARE to the ERP total for the IARE. The 2016 estimated counts were then used as a base to project estimates for 2017, 2018 and 2019 using the *ABS projected population, Aboriginal and Torres Strait Islander Australians, Indigenous Regions, 2011-2026*.

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. Australian hospital statistics 2014-15. Health services series no. 68. (Cat. no. HSE 172) Canberra: AIHW; 2014.].

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

Confidentiality of data: Counts of between 0 and 4 admissions have been suppressed.

Where data are published by age and either the age groups 0 to 14 years or 15 years and over has been confidentialised, the alternate age group has also been confidentialised for the same area, as their publication would allow identification of the confidentialised age group.

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2016/17 to 2018/19; 2016, 2017, 2018 and 2019 weighted average estimated resident population (erp) was calculated by PHIDU – see Data Source above.

Note: Indigenous Areas in Queensland have been combined at the request of Queensland Health. These combinations are shown below.

Indigenous Area Code	Indigenous Area Name	Indigenous Area adjusted
305001	Banana	Banana - North Burnett
305008	North Burnett	Banana - North Burnett
304001	Boulia - Diamantina - Winton	Boulia - Diamantina - Winton - Cloncurry - McKinlay
304003	Cloncurry - McKinlay	Boulia - Diamantina - Winton - Cloncurry - McKinlay
302002	Cairns	Cairns - Yarrabah
302003	Cairns - Far North Coast	Cairns - Yarrabah
302004	Cairns - Southern Hinterlands	Cairns - Yarrabah
302011	Yarrabah	Cairns - Yarrabah
305002	Barcaldine - Blackall - Longreach	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305004	Central Capricorn	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305007	Nebo - Clermont	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
306003	Cherbourg	Murgon - Cherbourg - South Burnett
306013	South Burnett	Murgon - Cherbourg - South Burnett
306009	Murgon	Murgon - Cherbourg - South Burnett
301005	Esk - Kilcoy	Esk - Kilcoy - Nanango - Kilkivan
306011	Nanango - Kilkivan	Esk - Kilcoy - Nanango - Kilkivan
308003	Charters Towers	Flinders - Richmond - Dalrymple - Charters Towers
308004	Flinders - Richmond - Dalrymple	Flinders - Richmond - Dalrymple - Charters Towers
308005	Ingham - Hinchinbrook	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
302007	Innisfail - Johnstone	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
308009	Palm Island	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
308015	Tully - Cardwell - Jumbun	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
302001	Atherton	Atherton - Eacham - Herberton - Ravenshoe
302005	Eacham	Atherton - Eacham - Herberton - Ravenshoe
302006	Herberton - Ravenshoe	Atherton - Eacham - Herberton - Ravenshoe
302008	Kuranda - Croydon	Kuranda - Croydon - Mareeba
302009	Mareeba	Kuranda - Croydon - Mareeba
308006	Mackay	Mackay - Sarina - Mirani
308007	Mackay - Surrounds	Mackay - Sarina - Mirani
308008	Mirani	Mackay - Sarina - Mirani
308011	Sarina	Mackay - Sarina - Mirani
306001	Balonne	Maranoa - Roma - Mitchell - Balonne
306008	Maranoa - Roma - Mitchell	Maranoa - Roma - Mitchell - Balonne
306002	Bulloo - Quilpie - Barcoo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306010	Murweh	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306012	Paroo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306004	Cooloolo - Gympie	Noosa - Cooloolo - Gympie
301011	Noosa	Noosa - Cooloolo - Gympie
304002	Carpentaria - Burke - Mornington	Northern Peninsula Area - Cape York - Carpentaria

303001	Aurukun	Northern Peninsula Area - Cape York - Carpentaria
303002	Cape York	Northern Peninsula Area - Cape York - Carpentaria
303003	Cooktown	Northern Peninsula Area - Cape York - Carpentaria
303004	Hope Vale	Northern Peninsula Area - Cape York - Carpentaria
307001	Kaiwalagal - Inner Islands	Northern Peninsula Area - Cape York - Carpentaria
307002	Kalakawal - Top Western Islands	Northern Peninsula Area - Cape York - Carpentaria
307003	Kalalagal - Western Islands	Northern Peninsula Area - Cape York - Carpentaria
303005	Kowanyama	Northern Peninsula Area - Cape York - Carpentaria
307004	Kulkaagal - Central Islands	Northern Peninsula Area - Cape York - Carpentaria
303006	Lockhart River	Northern Peninsula Area - Cape York - Carpentaria
303007	Mapoon - Napranum - Weipa	Northern Peninsula Area - Cape York - Carpentaria
307005	Meriam - Eastern Islands	Northern Peninsula Area - Cape York - Carpentaria
303008	Northern Peninsula Area	Northern Peninsula Area - Cape York - Carpentaria
303009	Pompuraaw	Northern Peninsula Area - Cape York - Carpentaria
302010	Wujal Wujal and Outstations	Northern Peninsula Area - Cape York - Carpentaria
308001	Bowen (Qld)	Proserpine - Whitsunday - Bowen (Qld)
308010	Proserpine - Whitsunday	Proserpine - Whitsunday - Bowen (Qld)
301012	Pine Rivers	Redcliffe - Pine Rivers
301013	Redcliffe	Redcliffe - Pine Rivers
301001	Beaudesert - Boonah	Southern Downs - Beaudesert - Boonah
306014	Southern Downs	Southern Downs - Beaudesert - Boonah
301006	Gatton - Laidley	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306007	Jondaryan - Oakey	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306015	Toowoomba - Central	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306016	Toowoomba - North	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306017	Toowoomba - South	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
308002	Burdekin - Ayr	Townsville - Burdekin - Ayr
308013	Townsville	Townsville - Burdekin - Ayr
308014	Townsville - Surrounds	Townsville - Burdekin - Ayr
306005	Dalby	Western Downs - Dalby - Goondiwindi - Stanthorpe
306006	Goondiwindi - Stanthorpe	Western Downs - Dalby - Goondiwindi - Stanthorpe
306018	Western Downs	Western Downs - Dalby - Goondiwindi - Stanthorpe

Admissions by sex, 2016/17 to 2018/19

- Total admissions, Aboriginal persons,
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Male total admissions, Aboriginal males
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Female total admissions, Aboriginal females
 - *by IARE, PHN, Quintiles, Remoteness Areas*

Admissions by age, 2016/17 to 2018/19

- Total admissions, Aboriginal persons aged 0 to 14 years
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Total admissions, Aboriginal persons aged 15 to 24 years
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Total admissions, Aboriginal persons aged 25 to 44 years
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Total admissions, Aboriginal persons aged 45 to 64 years
 - *by IARE, PHN, Quintiles, Remoteness Areas*
- Total admissions, Aboriginal persons aged 65 years and over
 - *by IARE, PHN, Quintiles, Remoteness Areas*

Admissions by selected principal diagnosis, 2016/17 to 2018/19

- Admissions for infectious and parasitic diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** A00-B99
- Admissions for all cancers, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** C00-D48
- Admissions for endocrine, nutritional and metabolic diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** E00-E90
 - Admissions for diabetes, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** E10-E14.9
- Admissions for mental health related conditions, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** F00-F99
 - Admissions for mood affective disorders, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** F30-F39
- Admissions for nervous system diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** G00-G99
- Admissions for eye and adnexa diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** H00-H59
- Admissions for ear and mastoid process diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** H60-H95
- Admissions for circulatory system diseases, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** I00-I99
 - Admissions for ischaemic heart disease, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** I20-I25
 - Admissions for heart failure, Aboriginal persons
 - *by IARE, PHN, Quintiles, Remoteness Areas*
 - ICD-10-AM codes:** I50

Admissions for respiratory system diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: J00-J99

- Admissions for asthma, Aboriginal persons
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: J45-J46

- Admissions for chronic obstructive pulmonary disease (COPD), Aboriginal persons
- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: J40-J44

Admissions for digestive system diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: K00-K93

Admissions for skin and subcutaneous tissue diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: L00-L99

Admissions for musculoskeletal system and connective tissue diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: M00-M99

Admissions for genitourinary system diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: N00-N99

- Admissions for chronic kidney disease, Aboriginal persons
- by IARE, PHN, Quintiles, Remoteness Areas

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 pregnancy, childbirth and the puerperium, Aboriginal females aged 15 to 44 years

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: O00-O99

Admissions for certain conditions originating in the perinatal period, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: P00-P96

Admissions for congenital malformations, deformations and chromosomal abnormalities, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: Q00-Q99

Admissions for injury, poisoning and other external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: S00-T98

Admissions by selected principal diagnosis and age, 2016/17 to 2018/19

Admissions for infectious and parasitic diseases, Aboriginal persons aged 0 to 14 years

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: A00-B99

Admissions for infectious and parasitic diseases, Aboriginal persons aged 15 years and over

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: A00-B99

Admissions for respiratory system diseases, Aboriginal persons aged 0 to 14 years

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: J00-J99

Admissions for respiratory system diseases, Aboriginal persons aged 15 years and over

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: J00-J99

Admissions for digestive system diseases, Aboriginal persons aged 0 to 14 years

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: K00-K93

Admissions for digestive system diseases, Aboriginal persons aged 15 years and over

- by IARE, PHN, Quintiles, Remoteness Areas

ICD-10-AM codes: K00-K93

Admissions for skin and subcutaneous tissue diseases, Aboriginal persons aged 0 to 14 years

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: L00-L99

Admissions for skin and subcutaneous tissue diseases, Aboriginal persons aged 15 years and over

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: L00-L99

Admissions for injury, poisoning and other external causes, Aboriginal persons aged 0 to 14 years

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: S00-T98

Admissions for injury, poisoning and other external causes, Aboriginal persons aged 15 years and over

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: S00-T98

Admissions by principal diagnosis of injury and poisoning, by external cause and sex, 2016/17 to 2018/19

Admissions for transport crash injury, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: V00-V99

Admissions for falls, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: W00-W19

Admissions for injury due to exposure to inanimate mechanical forces (i.e., injury due to a thrown or falling object, cuts etc.), Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: W20-W49

Admissions for injury due to exposure to animate mechanical forces (i.e., injury due to being accidentally hit, bitten etc. by a person, animal etc.), Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: (W50-W64)

Admissions for intentional self-harm, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: X60-X84

Admissions for assault, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: X85-Y09

Admissions for all diagnosis of injury or poisoning, by external cause, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

Same-day admissions for renal dialysis, 2016/17 to 2018/19

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.

Admissions for same-day dialysis for kidney disease, Aboriginal persons

- by *IARE, PHN, Quintiles, Remoteness Areas*

ICD-10-AM codes: Z491 to Z492

Potentially preventable hospitalisations (vaccine-preventable, acute and chronic), 2016/17 to 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](#)).

Admissions for potentially preventable conditions, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Potentially preventable hospitalisations (vaccine-preventable, acute and chronic), by age, 2016/17 to 2018/19

Admissions for potentially preventable conditions, Aboriginal persons aged 0 to 14 years

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for potentially preventable conditions, Aboriginal persons aged 15 to 24 years

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for potentially preventable conditions, Aboriginal persons aged 25 to 44 years

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for potentially preventable conditions, Aboriginal persons aged 45 to 64 years

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for potentially preventable conditions, Aboriginal persons aged 65 years and over

- by IARE, PHN, Quintiles, Remoteness Areas

Potentially preventable hospitalisations – Vaccine-preventable conditions, 2016/17 to 2018/19

Admissions for pneumonia and influenza, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for total vaccine-preventable conditions, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Potentially preventable hospitalisations – Acute conditions, 2016/17 to 2018/19

Admissions for acute cellulitis, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for acute convulsions and epilepsy, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for acute dental conditions, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for acute ear, nose and throat infections, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for acute urinary tract infections, including pyelonephritis, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for total acute conditions, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Potentially preventable hospitalisations – Chronic conditions, 2016/17 to 2018/19

Admissions for chronic angina, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for chronic asthma, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for chronic congestive heart failure, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for chronic obstructive pulmonary disease (COPD), Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for chronic diabetes complications, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for chronic iron deficiency anaemia, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Admissions for total chronic conditions, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Emergency Department presentations, 2018/19

Indicator detail: The data include presentations to Emergency Departments (ED) between 1 July 2018 and 30 June 2019. 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.

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 Indigenous population; and/or indirectly age-standardised ratio, based on the Australian standard derived from an Indigenous population. 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).

Data Source: There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS (the ERP is 17.5% higher for Australia than the Census count). Given this difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level used in the Social Health Atlases, PHIDU has produced an estimated resident population at 2016. This is of particular importance for the calculation of rates of hospitalisation, mortality etc.

The ERP for June 2016 for Aboriginal populations is available from the ABS for Statistical Areas Level 2 (SA2, total population only): PHIDU concorded the SA2 populations to produce a 2016 ERP for each IARE (total population only). The ERP for 2016 is available by Indigenous Region (IREG), by 5-year age group. To produce estimated resident populations (erp) by age group for each IARE, PHIDU applied the proportional age distribution from the Census counts (usual resident population) in each IARE to the ERP total for the IARE. The 2016 estimated counts were then used as a base to project estimates for 2017, 2018 and 2019 using the *ABS projected population, Aboriginal and Torres Strait Islander Australians, Indigenous Regions, 2011-2026*.

Confidentiality of data: Counts of between 1 and 4 admissions have been suppressed.

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. The 2018 estimated resident population (erp) was calculated by PHIDU – see Data Source above.

Note: Indigenous Areas in Queensland have been combined at the request of Queensland Health. These combinations are shown below.

Indigenous Area Code	Indigenous Area Name	Indigenous Area adjusted
305001	Banana	Banana - North Burnett
305008	North Burnett	Banana - North Burnett
304001	Boulia - Diamantina - Winton	Boulia - Diamantina - Winton - Cloncurry - McKinlay
304003	Cloncurry - McKinlay	Boulia - Diamantina - Winton - Cloncurry - McKinlay
302002	Cairns	Cairns - Yarrabah
302003	Cairns - Far North Coast	Cairns - Yarrabah
302004	Cairns - Southern Hinterlands	Cairns - Yarrabah
302011	Yarrabah	Cairns - Yarrabah
305002	Barcaldine - Blackall - Longreach	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305004	Central Capricorn	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305007	Nebo - Clermont	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
306003	Cherbourg	Murgon - Cherbourg - South Burnett
306013	South Burnett	Murgon - Cherbourg - South Burnett
306009	Murgon	Murgon - Cherbourg - South Burnett
301005	Esk - Kilcoy	Esk - Kilcoy - Nanango - Kilkivan
306011	Nanango - Kilkivan	Esk - Kilcoy - Nanango - Kilkivan
308003	Charters Towers	Flinders - Richmond - Dalrymple - Charters Towers
308004	Flinders - Richmond - Dalrymple	Flinders - Richmond - Dalrymple - Charters Towers
308005	Ingham - Hinchinbrook	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
302007	Innisfail - Johnstone	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
308009	Palm Island	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
308015	Tully - Cardwell - Jumbun	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
302001	Atherton	Atherton - Eacham - Herberton - Ravenshoe
302005	Eacham	Atherton - Eacham - Herberton - Ravenshoe
302006	Herberton - Ravenshoe	Atherton - Eacham - Herberton - Ravenshoe
302008	Kuranda - Croydon	Kuranda - Croydon - Mareeba
302009	Mareeba	Kuranda - Croydon - Mareeba
308006	Mackay	Mackay - Sarina - Mirani
308007	Mackay - Surrounds	Mackay - Sarina - Mirani
308008	Mirani	Mackay - Sarina - Mirani
308011	Sarina	Mackay - Sarina - Mirani
306001	Balonne	Maranoa - Roma - Mitchell - Balonne
306008	Maranoa - Roma - Mitchell	Maranoa - Roma - Mitchell - Balonne
306002	Bulloo - Quilpie - Barcoo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306010	Murweh	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306012	Paroo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306004	Cooloolo - Gympie	Noosa - Cooloolo - Gympie
301011	Noosa	Noosa - Cooloolo - Gympie
304002	Carpentaria - Burke - Mornington	Northern Peninsula Area - Cape York - Carpentaria
303001	Aurukun	Northern Peninsula Area - Cape York - Carpentaria
303002	Cape York	Northern Peninsula Area - Cape York - Carpentaria
303003	Cooktown	Northern Peninsula Area - Cape York - Carpentaria
303004	Hope Vale	Northern Peninsula Area - Cape York - Carpentaria
307001	Kaiwalagal - Inner Islands	Northern Peninsula Area - Cape York - Carpentaria

307002	Kalakawal - Top Western Islands	Northern Peninsula Area - Cape York - Carpentaria
307003	Kalalagal - Western Islands	Northern Peninsula Area - Cape York - Carpentaria
303005	Kowanyama	Northern Peninsula Area - Cape York - Carpentaria
307004	Kulkalgal - Central Islands	Northern Peninsula Area - Cape York - Carpentaria
303006	Lockhart River	Northern Peninsula Area - Cape York - Carpentaria
303007	Mapoon - Napranum - Weipa	Northern Peninsula Area - Cape York - Carpentaria
307005	Meriam - Eastern Islands	Northern Peninsula Area - Cape York - Carpentaria
303008	Northern Peninsula Area	Northern Peninsula Area - Cape York - Carpentaria
303009	Pormpuraaw	Northern Peninsula Area - Cape York - Carpentaria
302010	Wujal Wujal and Outstations	Northern Peninsula Area - Cape York - Carpentaria
308001	Bowen (Qld)	Proserpine - Whitsunday - Bowen (Qld)
308010	Proserpine - Whitsunday	Proserpine - Whitsunday - Bowen (Qld)
301012	Pine Rivers	Redcliffe - Pine Rivers
301013	Redcliffe	Redcliffe - Pine Rivers
301001	Beaudesert - Boonah	Southern Downs - Beaudesert - Boonah
306014	Southern Downs	Southern Downs - Beaudesert - Boonah
301006	Gatton - Laidley	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306007	Jondaryan - Oakey	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306015	Toowoomba - Central	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306016	Toowoomba - North	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306017	Toowoomba - South	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
308002	Burdekin - Ayr	Townsville - Burdekin - Ayr
308013	Townsville	Townsville - Burdekin - Ayr
308014	Townsville - Surrounds	Townsville - Burdekin - Ayr
306005	Dalby	Western Downs - Dalby - Goondiwindi - Stanthorpe
306006	Goondiwindi - Stanthorpe	Western Downs - Dalby - Goondiwindi - Stanthorpe
306018	Western Downs	Western Downs - Dalby - Goondiwindi - Stanthorpe

Emergency department presentations by triage category, 2018/19

Resuscitation and Emergency presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Semi-urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Non-urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Emergency department presentations by principal diagnosis, 2018/19

Total presentations for certain infectious and parasitic diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for mental and behavioural disorders, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for diseases of the circulatory system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for diseases of the respiratory system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for diseases of the digestive system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for diseases of the musculoskeletal system and connective tissue, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for diseases of the genitourinary system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for injury, poisoning and certain other consequences of external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations for factors influencing health status and contact with health services, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Resuscitation and emergency presentations by principal diagnosis, 2018/19

Diseases of the respiratory system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Injury, poisoning and certain other consequences of external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total resuscitation and emergency presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Urgent presentations by principal diagnosis, 2018/19

Diseases of the respiratory system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Injury, poisoning and certain other consequences of external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Resuscitation, emergency and urgent presentations by principal diagnosis, 2018/19

Certain infectious and parasitic diseases, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Mental and behavioural disorders, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Diseases of the digestive system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Diseases of the musculoskeletal system and connective tissue, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Diseases of the genitourinary system, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total resuscitation, emergency and urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Semi-urgent presentations by principle diagnosis, 2018/19

Injury, poisoning and certain other consequences of external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Factors influencing health status and contact with health services, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total semi-urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Non-urgent presentations by principle diagnosis, 2018/19

Injury, poisoning and certain other consequences of external causes, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Factors influencing health status and contact with health services, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Total non-urgent presentations, Aboriginal persons

- by IARE, PHN, Quintiles, Remoteness Areas

Semi-urgent and non-urgent presentations by principle diagnosis, 2018/19

Certain infectious and parasitic diseases, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Mental and behavioural disorders, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Diseases of the respiratory system, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Diseases of the digestive system, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Diseases of the musculoskeletal system and connective tissue, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Diseases of the genitourinary system, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*

Total semi-urgent and non-urgent presentations, Aboriginal persons

- *by IARE, PHN, Quintiles, Remoteness Areas*