

Data item definitions

2015 Service Area and Region profiles

External use:

Department of Health and Human Services only

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(+61 3) 9096 0000 or email spatial@dhhs.vic.gov.au

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available at <http://intranet.health.vic.gov.au/resources-and-tools/library,-data-and-research/2015-lga-profiles>

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How to use the Area and Division profiles

The profiles include over 220 variables from a wide range of data sources. The variables are organised in the following categories:

Community

- Geography
- Demographics
- Diversity
- Disadvantage and social engagement

Socio-economic factors

- Economic and employment characteristics
- Housing and transport
- Education characteristics

Health and wellbeing

- Health conditions
- Health behaviours
- Children, young person and family characteristics
- Aged and disability characteristics
- Life expectancy and wellbeing
- Injury and mortality

Service system

- Services and access
- Hospital utilisation
- Child protection, family services and youth justice utilisation
- Health and aged care service utilisation

The profiles are structured to provide a measure on each variable for each Local Government Area (LGA), and to also enable comparisons by providing rankings against all Local Government Areas as well as the Victorian measure. Profiles are also provided for former Department of Health regions, as well as the former Department of Human Services operational service areas and divisions. The full data is also available in an Excel spreadsheet for further analysis.

Please read these data definitions in conjunction with the individual LGA profiles. The definitions contain abbreviations, definitions, sources and currency for each data item and are essential for accurately interpreting the measures.

Note that all data is the most current available at the time of publication. The currency of each data item is specified in the definitions.

Notes regarding calculations data definitions

Calculations

Calculations involving Census data

For each Census item, there are typically a number of people who did not answer the question, or whose answer is 'not adequately described'. For most indicators, the percentage of people who gave a particular response is calculated by dividing by the total number of people who answered the question adequately, rather than all people who were asked the question. This method assumes those who did not answer the question (or who did not answer the question adequately) would have answered in the same proportions as those who did. For a small number of indicators, the percentage is calculated by dividing by the total people asked the question. This is indicated in the definition for that data item.

Age standardisation

Victorian Population Health Survey (VPHS) items are age-standardised. All other data items in the Profiles are not age standardised unless explicitly stated. Age-standardised data on Ambulatory Care Sensitive Conditions (ACSCs) (PPHs) and avoidable mortality can be obtained through the [Victorian Health Information Surveillance System \(VHISS\)](http://www.health.vic.gov.au/healthstatus/interactive/vhiss.htm) <<http://www.health.vic.gov.au/healthstatus/interactive/vhiss.htm>>.

VicHealth Indicators Survey items are provided as crude rates. Caution should be exercised when comparing geographic areas using crude rates as these comparisons do not take into account possible confounding factors. A confounding factor is basically another risk factor for the outcome of interest that is unequally distributed among the populations being compared. For example, if the populations of two LGAs have different age distributions, the comparison of interest will be distorted. In this example, the crude rate for one LGA might be higher just because it is weighted more heavily with older people compared with the population of another LGA. This method, sometimes referred to as *direct standardization*, provides a useful way to compare health outcomes among populations that may have different age distributions. This is done by applying a standard age distribution to the populations being compared, in order to compute hypothetical summary rates indicating how the overall rates would have compared if the populations had the same age distribution. This methodology has been used in the VPHS; therefore LGA comparisons are valid for these data items.

Data values pertaining to Unincorporated Victoria

Unincorporated Victoria includes the following alpine resorts:

- Falls Creek
- Mount Baw Baw
- Mount Buller
- Mount Hotham
- Mount Stirling
- Lake Mountain.

These resorts do not belong to any specific LGA, although they are physically located within particular LGAs. Some data providers group these resorts, for example, Hume Alpine Resorts is used to refer to:

- Mount Buller and Mount Stirling (in the Mansfield LGA),
- Mount Hotham and Falls Creek (in the Alpine LGA),
- Lake Mountain (in the Murrindindi LGA).

Where data has been provided at the individual resort level, the figures pertaining to that resort have been added to the figures for the LGA in which that resort is geographically located. However where data has been grouped up, such as 'Hume Alpine Resorts', no attempt has been made to apportion the figure to the individual LGAs. Note that these figures are typically very small, often zero, so where this individual allocation has not been possible there would have been negligible impact of the calculated value.

In addition to the Alpine resorts above, Unincorporated Victoria also includes French Island and Lady Julia Percy Island. Consistent with the above approach, no attempt has been made to apportion the values assigned to Unincorporated Victoria to individual LGAs. Again, these figures are typically very small.







Data descriptions

Descriptions

A description of the Local Government Area and its key characteristics, based on the data included in the profiles.

Maps

Maps are provided for each Local Government Area and for Health Regions, Service Areas, and Divisions. The legend that applies to the maps is shown below.

	Local Government Area
	Freeway
	Highway
	Arterial / Major road
	Local road
	Recreational resource / Reserve Forest Area

1 Community

Geography

Departmental region

The departmental Region that the LGA is located in.

Source: Department of Health and Human Services.

Currency: 2015.

Departmental area

The departmental service Area that the LGA is located in.

Source: Department of Health and Human Services.

Currency: 2015.

Area of LGA

The total area of the LGA, measured in square kilometres (km²).

Source: Australian Statistical Geography Standard, 2015, Australian Bureau of Statistics (ABS).

Currency: 2015.

Most populous community in LGA

The name of the town or suburb in the LGA with the largest population. This is determined by System Intelligence and Analytics branch, Department of Health and Human Services, by aggregating Estimated Resident Population at Statistical Area 1 (SA1) level to Australian Bureau of Statistics (ABS) State Suburb (metropolitan areas) and ABS Urban Centre/Locality (rural areas).

Sources: Estimated Resident Population (ERP) by SA1, Australian Bureau of Statistics (ABS); State Suburb digital boundaries, ABS; Urban Centres/Localities digital boundaries, ABS; SA1 to State Suburb and Urban Centres/Localities correspondences, ABS

Currency: 2014 ERP; 2011 Digital Boundaries.

Distance to Melbourne

The distance by road to the most populous community in the LGA from the former Melbourne General Post Office (GPO), via the shortest practical route. Calculated by System Intelligence and Analytics branch, Department of Health and Human Services.

Source: ArcGIS Network Analyst tools, ESRI; NAVTEQ road network.

Currency: 2015.

Travel time to Melbourne

The travel time by car, in hours and minutes, to the most populous community in the LGA from the former Melbourne GPO, via the quickest practical route.

Source: ArcGIS Network Analyst tools, ESRI; NAVTEQ road network.

Currency: 2015.

Remoteness area

The Remoteness Structure is a geographic classification designed by the ABS, and is measured by the average Accessibility/Remoteness Index of Australia (ARIA+) score in the LGA. The purpose of the Remoteness Structure is to divide Australia into broad geographic regions that share common characteristics of remoteness for statistical purposes.

The ABS Remoteness Categories and associated ARIA+ scores are:

- Major Cities of Australia (0 to 0.2)
- Inner Regional Australia (greater than 0.2 and less than or equal to 2.4)
- Outer regional Australia (greater than 2.4 and less than or equal to 5.92)
- Remote Australia (greater than 5.92 and less than or equal to 10.53)
- Very Remote Australia (greater than 10.53).

Source: *Australian Statistical Geography Standard (ASGS) Volume 5 - Remoteness Structure*.
Australian Bureau of Statistics (ABS) cat. no. 1270.0.55.005 (2011).

Currency: 2011.

Land use – Commercial/Industrial/Residential/Rural/Other

The proportion of the LGA's total area assigned to particular land use. Land use is based on planning zones, which reflect the primary character of land and indicate the type of use and development which may be appropriate in that zone.

- Commercial land use includes commercial zones, for uses such as retail services and offices.
- Industrial land use includes industrial zones, for uses such as manufacturing, and storage and distribution of goods
- Residential land use includes residential developments at a range of densities. It includes mixed use zones, which may allow for other uses which do not adversely affect the amenity of the neighbourhood.
- Rural land use includes farming zones, 'Green Wedge', 'Rural Conservation' and 'Rural Living' zones.
- Other land use reflects the proportion of the LGA's total area not assigned to commercial, industrial, residential or rural land use. This includes public land, special purpose land (for example special use, urban floodway and priority development zones), 'Urban Growth Zones' and Commonwealth land.

Source: Planning Zones, Department of Environment, Land, Water and Planning (DELWP).

Currency: 2016.

Demographics

Table 1: Annual population change

Data item	LGA measure	State measure
Actual annual population change, 2004–2014	-0.3 %	1.7 %
Projected annual population change, 2014–2024	0.4 %	1.7 %

The table shows the per annum population change for the LGA and for Victoria over the historic and the projected periods. Estimated Resident Population (ERP) numbers are used for historic period, and Victoria in Future Population Projections are used for projected period.

Source: Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS); Victoria in Future 2015 population projections, Department of Environment, Land, Water and Planning (DELWP).

Currency: 2014 ABS; 2015 DELWP.

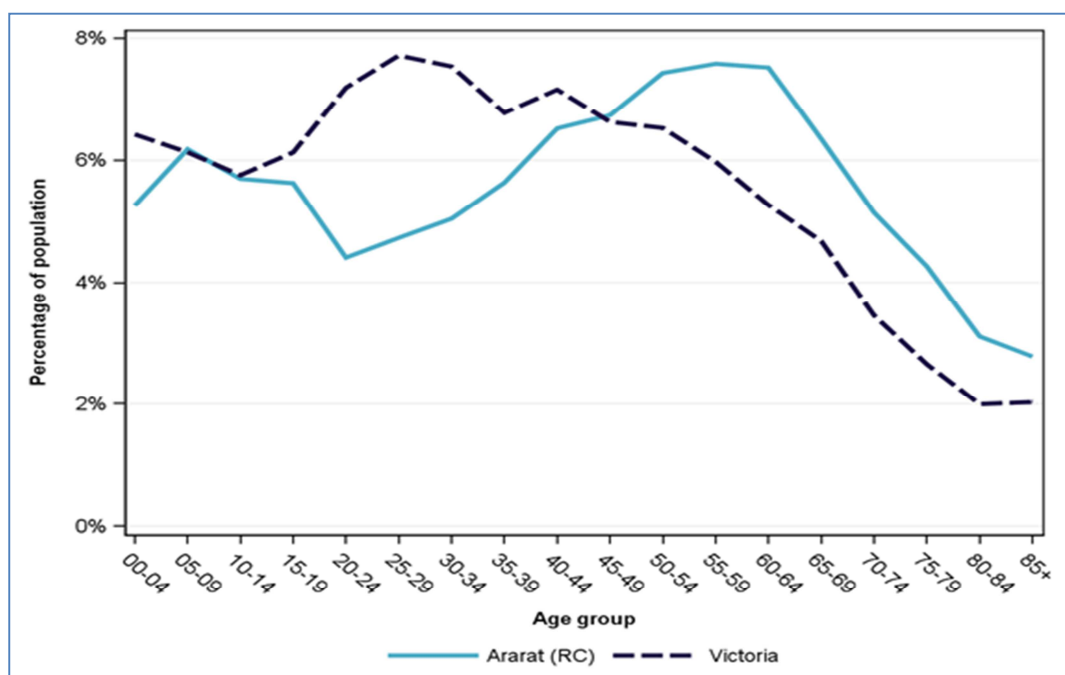
Table 2: Population by age group and sex, 2014

Age group	Females	Males	Total	LGA measure	State measure
00-14	959	957	1,916	17.1 %	18.3 %
15-24	524	598	1,122	10.0 %	13.3 %
25-44	1,180	1,272	2,452	21.9 %	29.2 %
45-64	1,529	1,744	3,273	29.3 %	24.4 %
65-84	1,031	1,079	2,110	18.9 %	12.8 %
85+	194	117	311	2.8 %	2.0 %
<i>Total</i>	<i>5,417</i>	<i>5,767</i>	<i>11,184</i>	<i>100.0 %</i>	<i>100.0 %</i>

The table shows the numbers of males and females in each age group for the LGA. It also shows the percentage of the total LGA population in each age group and the corresponding percentages for the whole of Victoria.

Source: Estimated Resident Population (ERP) (revised figures), Population by Age and Sex, Victoria, electronic delivery (released August 2015), Australian Bureau of Statistics (ABS).

Currency: 2014.

Figure 1: Population profile, 2014

The graph shows the percentage of the population for the LGA at each specified age, alongside the corresponding graph for Victoria as a whole.

Source: Estimated Resident Population (ERP) (revised figures), released August 2015, Australian Bureau of Statistics (ABS).

Currency: 2014.

Table 3: Projected population by age group and sex, 2024

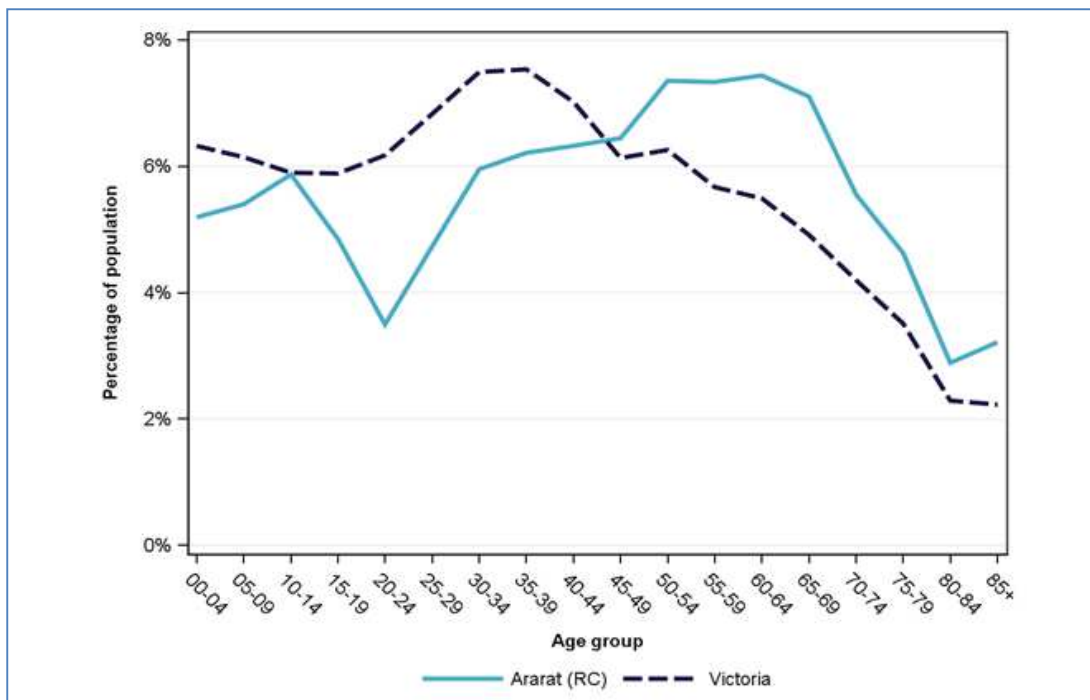
Age group	Females	Males	Total	LGA measure	State measure
00-14	927	994	1,921	16.5 %	18.4 %
15-24	465	509	974	8.3 %	12.1 %
25-44	1,344	1,366	2,710	23.2 %	28.9 %
45-64	1,544	1,790	3,334	28.6 %	23.6 %
65-84	1,132	1,222	2,354	20.2 %	14.9 %
85+	235	140	375	3.2 %	2.2 %
<i>Total</i>	<i>5,647</i>	<i>6,021</i>	<i>11,668</i>	<i>100.0 %</i>	<i>100.0 %</i>

The table shows the projected numbers of males and females in each age group for the LGA and the corresponding projected percentages for the whole of Victoria.

Source: Victoria in Future 2015 population projections, Department of Environment, Land, Water and Planning (DELWP).

Currency: 2015.

Figure 2: Projected population profile, 2024

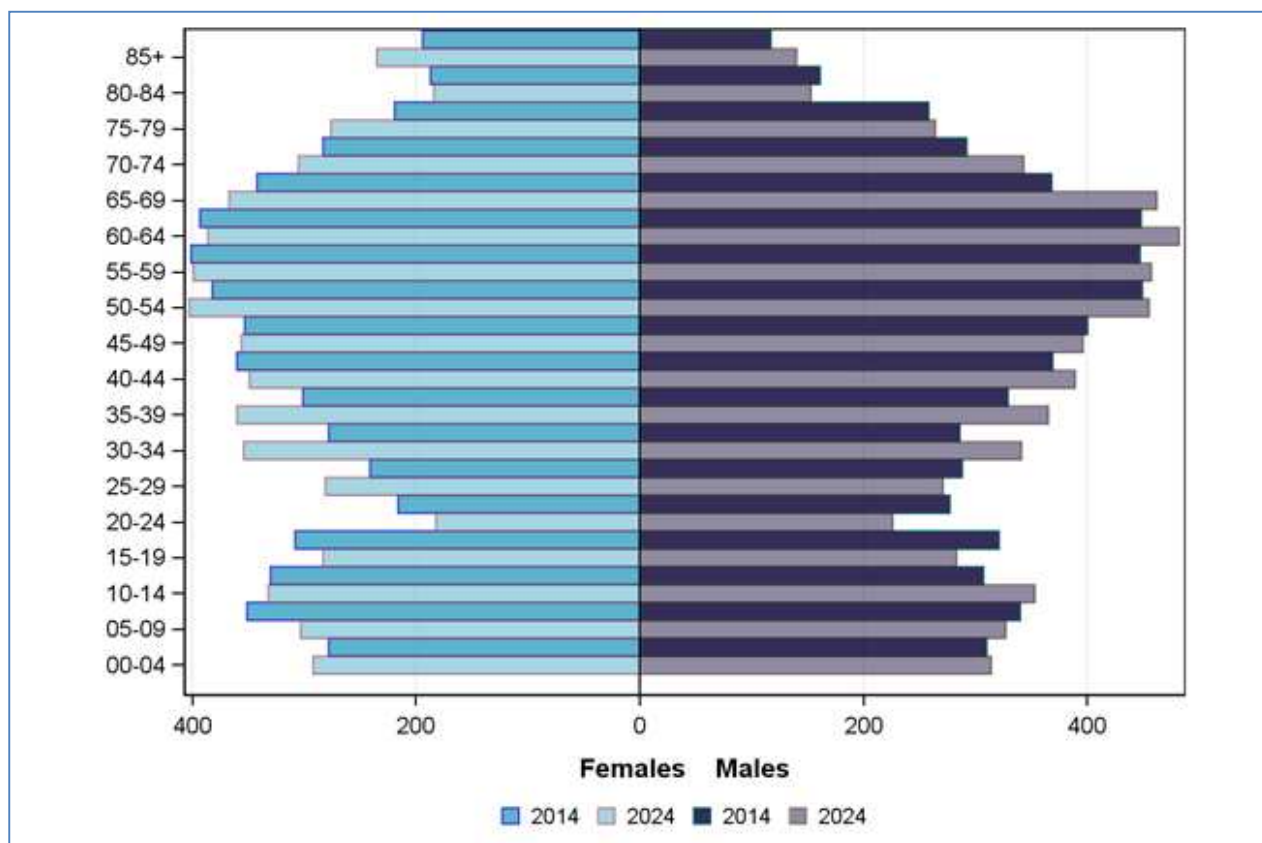


The graph shows the projected percentage of the population for the LGA at each specified age, alongside the corresponding graph for Victoria as a whole.

Source: Victoria in Future 2015 population projections, Department of Environment, Land, Water and Planning (DELWP).

Currency: 2015.

Figure 3: Population projections by age group and sex, 2014 and 2024



The graph is a population pyramid, which shows the Estimated Resident Population (ERP) in 2014 and the projected population for 2024 by five year age group and sex. Population pyramids provide an overall picture of the age and sex structure of the population over time.

Source: Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS); Victoria in Future 2015 Population Projections, Department of Environment Land Water and Planning (DELWP).

Currency: 2014 ABS; 2015 DELWP.

Total fertility rate

The total fertility rate represents the average number of children that a woman in a particular LGA could expect to bear during her reproductive lifetime if current fertility rates in that LGA continue. The ABS calculates LGA fertility rates as average rates over three years ending in the reference year.

Note that total fertility rate data was not available at regional and rural/metropolitan levels.

Source: Births, Australia, Catalogue number 3301.0, released October 2015, Australian Bureau of Statistics (ABS).

Currency: 2014.

Teenage fertility rate

The rate of live births by mothers aged under 19 in the 2012 calendar year per 1,000 women in this age group. Note that this data is not available for some LGAs due to the low number of births in those LGAs.

Source: Victorian Perinatal Data Collection (VPDC), Department of Health & Human Services, sourced from the Victorian Child and Adolescent Monitoring System (VCAMS), Department of Education and Training.

Currency: 2012.

Diversity

Aboriginal and Torres Strait Islander population

The percentage of the population who identify as Aboriginal and/or Torres Strait Islander, based on the 2011 Census and adjusted for net undercount as measured by the Post Enumeration Survey.

Source: Estimates of Aboriginal and Torres Strait Islander Australians, Catalogue number 3238.0.55.001, released August 2013, Australian Bureau of Statistics (ABS).

Currency: 2011.

Percentage of population born overseas

The percentage of the population who were born overseas.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B09 - Country of Birth of Person by Sex, Population: Persons.

Currency: 2011.

Percentage of population born in a non-English speaking country

The percentage of the population who were born overseas in a non-English speaking country. This excludes those born in New Zealand, Canada, United Kingdom, Republic of Ireland, South Africa and the United States of America.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B09 - Country of Birth of Person by Sex, Population: Persons.

Currency: 2011.

Top 5 overseas countries of birth

The five overseas countries in which the highest percentages of LGA population were born, and the percentage born in each. The percentage is not included where it is less than 1.0 per cent. For brevity, 'United Kingdom' is used in place of 'United Kingdom, Channel Islands and Isle of Man'; and 'China' is used in place of 'China excluding SARs and Taiwan'.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: 09 - Country of Birth of Person by Sex, Population: Persons.

Currency: 2011.

Percentage of population who speak a language other than English at home

The percentage of the population who speak a language other than English at home.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B13 - Language Spoken at Home by Sex, Population: Persons.

Currency: 2011.

Top 5 languages spoken other than English

The five languages (other than English) most frequently spoken at home, and the percentage of the population who speak that language. The percentage is not included where it is less than 1.0 per cent.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B13 - Language Spoken at Home by Sex, Population: Persons.

Currency: 2011.

Percentage with low English proficiency

The percentage of the population who indicated in the 2011 Census they spoke English 'not well' or 'not at all'.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Expanded Community Profile, Census table: X05 - Language Spoken at Home by Proficiency in Spoken English Language by Sex, Population: Persons.

Currency: 2011.

Top 5 ancestries

The five most common ancestries, and the percentage of people of each ancestry. The percentage is not included where it is less than 1.0 per cent.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Data extracted from Table Builder, Population: Persons.

Currency: 2011.

New settler arrivals per 100,000 population

The number of arrivals from overseas per 100,000 population under the permanent resident visa category, during the 2014–15 financial year. Data is based on the stated LGA of intended residence, not the actual LGA of residence after arrival.

Source: Settlement Database, Department of Social Services, 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15.

Humanitarian arrivals as a percentage of new settlers

The percentage of new settler arrivals in the humanitarian permanent resident visa category. Data is based on the stated LGA of intended residence, not the actual LGA of residence after arrival.

The Humanitarian Program is designed to ensure that Australia can respond effectively to global humanitarian situations and that support services are available to meet the specific needs of these entrants.

The Humanitarian Program has two components:

- The onshore (asylum or protection) component offers protection to people in Australia who meet the refugee definition in the United Nations Refugees Convention.
- The offshore (resettlement) component offers resettlement for people outside Australia who are in need of humanitarian assistance.

Source: Settlement Database, Department of Social Services.

Currency: 2014–15.

Community acceptance of diverse cultures

The percentage of the LGA population who responded to the question 'Do you think that multiculturalism makes life in your area better?' Data were age-standardised to the 2011 Victorian population, using 10-year age groups.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Social Engagement and Crime

Family violence incidents per 1,000 population

The number of family violence incidents reported to police per 1,000 population. Incidents are not necessarily offences; typically only about 25 per cent of incidents result in a formal charge.

Source: Corporate Statistics, Victoria Police; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014 ABS; Sept 2014–Oct 2015 Victoria Police.

Drug usage and possession offences per 1,000 population

The number of offences per 1,000 population involving the possession or use of drugs.

Source: Corporate Statistics, Victoria Police; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014 ABS; Sept 2014–Oct 2015 Victoria Police.

Total offences per 1,000 population

The total number of offences per 1,000 population, including crimes against the person, crimes against property, drug offences and other crimes

Source: Corporate Statistics, Victoria Police; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014 ABS; Sept 2014–Oct 2015 Victoria Police.

Percentage who feel safe on street alone after dark

The percentage of LGA respondents who feel safe walking alone down their street after dark.

Respondents who didn't know, refused to answer or answered they were never alone in that situation have been excluded from the analysis.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services.

Currency: 2011.

Believe that other people can be trusted

The percentage of LGA respondents who agreed that most people could be trusted.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services.

Currency: 2011.

Spoke with more than 5 people the previous day

The percentage of LGA respondents who reported speaking, either face to face or on the telephone, with more than five people on the previous day.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services

Currency: 2011.

Able to definitely get help from family, friends and neighbours

The percentage of LGA respondents who were able to get help from family, friends and neighbours when needed.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services

Currency: 2011.

Percentage that help out as a volunteer

The percentage of population aged 15 or over, who reported helping out by volunteering.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profiles, Census table: B19 – Voluntary work for an organisation or group by age and sex (First release).

Currency: 2011.

Feel valued by society

The percentage of LGA respondent adults who feel valued by society.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services.

Currency: 2011.

Attended a local community event

The percentage of LGA respondents who attended a local community event within the past six months.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Members of a sports group

The percentage of LGA respondents who are members of a sports group.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Members of a religious group

The percentage of LGA respondents who are members of a religious group.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Rated their community as an active community

The percentage of LGA respondents who rated their local neighbourhood as being an active community, where people do things and get involved in local issues and activities.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Rated their community as good or very good for community or support groups

The percentage of LGA respondents who rate their local neighbourhood for a range of community and support groups.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Rated their community as a pleasant environment

The percentage of LGA respondents who rated their local neighbourhood for being a pleasant environment. This included taking into consideration such features as nice streets and open spaces.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

2 Socio-economic factors

Economic and employment characteristics

Index of Relative Socio-economic Disadvantage score (IRSD)

The Index of Relative Socio-economic Disadvantage (IRSD) is a measure of the relative socio-economic disadvantage in a given geographic area. The ABS uses Census data to develop the IRSD. It is derived from range of Census variables considered to reflect levels of disadvantage, including income level, employment status and level of educational attainment. IRSD scores are standardised across ABS Statistical Area 1s (SA1) so the average IRSD score across Australia is 1000. Scores for larger areas such as LGA are derived by calculating a population-weighted average of the component SA1s. Scores lower than 1000 indicate relatively disadvantaged areas - the lower the score, the greater the level of relative disadvantage.

These scores are revised every five years, after each Census of Population and Housing.

Source: Census of Population and Housing: Socio-Economic Indices for Areas (SEIFA), Local Government Area Indexes, Australian Bureau of Statistics (ABS).

Currency: 2011.

Concentration of disadvantaged SA1s

The percentage of highly disadvantaged SA1s within the LGA. This measure provides an indication of the proportion of Statistical Area 1s (SA1s) within the LGA which have an Index of Relative Socio-economic Disadvantage score within the most disadvantaged 20 per cent of SA1s in Victoria. This measure can be used to identify LGAs that contain higher than average proportions of very disadvantaged SA1s. This information may not be evident from the LGA IRSD score alone, which only relates to the average socio-economic disadvantage in the LGA.

To determine the SA1 concentration, System Intelligence and Analytics branch ordered Victorian SA1s into deciles, and calculated the proportion of SA1s in deciles 1 and 2 (the most disadvantaged 20 per cent of SA1s) for each LGA. As the cut off percentage chosen is the lowest 20 per cent, the average IRSD SA1 concentration score for an LGA is 0.2. LGAs with scores higher than 0.2 contain higher than average proportions of very disadvantaged areas.

The SA1 concentration score reveals that the percentage of very disadvantaged SA1s in the LGAs ranges from 0 per cent to 77 per cent. This distribution of disadvantage cannot be inferred from the LGA's IRSD score alone. Additionally, the SA1 concentration score may be used to distinguish between LGAs that have similar IRSD scores; for example Inner Gippsland and Outer Gippsland service areas have very similar IRSD scores, but 35 per cent of SA1s are highly disadvantaged in Outer Gippsland compared to 28 per cent in Inner Gippsland.

Source: Census of Population and Housing: Socio-Economic Indices for Areas (SEIFA), Local Government Area SA1 Distribution, Australian Bureau of Statistics (ABS).

Currency: 2011.

Unemployment rate

The percentage of the labour force which is unemployed. The labour force comprises people aged 15 years or older, who are either working or actively looking for work.

Data provided are derived from the Australian Bureau of Statistics Labour Force Survey, Centrelink Newstart and Youth Allowance recipients and ABS population data. Further information on the methodology for producing these rates can be obtained from the Commonwealth Department of Employment's quarterly publication series, [Small area labour markets](https://employment.gov.au/small-area-labour-markets-publication) <https://employment.gov.au/small-area-labour-markets-publication>.

Source: Small Area Labour Markets, Commonwealth Department of Employment.

Currency: September quarter 2015.

Percentage of individuals/females/males with an income less than \$400 per week

The percentage of the population aged 15 and over with a gross individual income of less than \$400 per week, and the percentage of the female/male LGA population aged 15 and over with a gross individual income of less than \$400 per week. Calculations are done in Australian dollars. People on zero and negative incomes are included along with those earning an income.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B17 - Total personal income (Weekly) by Age by Sex, Population: Persons aged 15 years and over.

Currency: 2011.

Percentage of families headed by one parent - proportion who are female/proportion who are male

The percentage of families which were headed by a single parent, and the proportion of these who are female/male.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profiles, Census table: B25 - Family Composition, Population: Families in family households; table B23 - Relationship in household by age and sex.

Currency: 2011.

Equivalised median household income

Equivalised income is household income adjusted by the application of an equivalence scale to facilitate comparison of income levels between households of different sizes and compositions. For example, a larger household would need more income than a smaller household to achieve the same standard of living.

The equivalised median household income for the LGA is the equivalised income level that divides all equivalised household incomes within the LGA exactly in half when arranged in order. That is, half of all equivalised household incomes within the LGA are above the median value and half are below.

This variable is applicable to occupied private dwellings. It excludes households where at least one member aged 15 years and over did not state an income, and households where at least one member aged 15 and over was absent on Census night. It also excludes 'Visitors only' and 'Other not classifiable' households.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profiles, Census table: B02 Selected medians and averages, Population: Occupied private dwellings.

Currency: 2011.

Gaming machine losses per head of adult population

The total amount of money lost on electronic gaming machines that are located in an LGA, per head of adult population.

The expenditure is a calculation of all monies spent on gaming machines within the LGA, which is then divided by the number of adult (18+) residents within that LGA. It does not take into account how much of the expenditure comes from residents of other LGAs.

Source: Victorian Commission for Gambling and Liquor Regulation (VCGLR). Population: People 18 years of age or older.

Currency: 2014–15.

Delayed medical consultation, unable to afford

Adults who delayed medical consultation because they could not afford it (modelled estimates).

Source: Social Health Atlas of Victorian Local Government Areas 2015, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, based on data from Centrelink at 30 June 2012 and 2012 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS). Denominator: all families.

Currency: 2010.

Delayed purchasing prescribed medication, unable to afford

People aged 18 years and over who delayed purchasing prescribed medication because they could not afford it (modelled estimates).

Source: Social Health Atlas of Victorian Local Government Areas 2015, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, based on data from Centrelink at 30 June 2012 and 2012 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS). Denominator: all families.

Currency: 2010.

Percentage of low income families with children

The percentage of families with children under 16 years of age, incomes under \$33,761 p.a. and receiving Family Tax Benefit (A).

Source: Social Health Atlas of Victorian Local Government Areas 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, based on data from Centrelink at 30 June 2012 and 2012; Estimated Resident Population, Australian Bureau of Statistics (ABS). Denominator: all families.

Currency: 2012.

Percentage of population with food insecurity

The percentage of people who ran out of food in the last twelve months and could not afford to buy more. This indicator seeks to identify the percentage of LGA population who may be at risk of poor diet and nutrition, as well as social exclusion, due to their financial incapacity to purchase food.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Housing, homelessness and transport characteristics

Mortgage Stress

Low income households (in the bottom 40 per cent of income distribution) that spend more than 30 per cent of income on mortgage payments.

Source: Social Health Atlas of Victorian Local Government Areas, 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, based on data from the 2011 Census.

Currency: 2011.

Rental Stress

Low income households (in the bottom 40 per cent of income distribution) that spend more than 30 per cent of income on rent payments.

Source: Social Health Atlas of Victorian Local Government Areas, 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, based on data from the 2011 Census.

Currency: 2011.

Percentage of rental housing that is affordable

The percentage of rental housing available in the LGA which is affordable for lower income families. The affordability benchmark is that no more than 30 per cent of income is spent on rent. Lower income families are those receiving Centrelink benefit.

Source: Affordable lettings by LGA, Housing and Community Building, Department of Health and Human Services.

Currency: September quarter 2015.

Median house price

The median house price is the value of the middle item when all sale prices are arranged in order of magnitude. The information regarding property values is obtained from Notices of Acquisition, which are required to be completed by each purchaser within one month of the acquisition of any real estate in Victoria.

Source: A Guide to Property Values, Value-General Victoria, Department of Environment, Land, Water and Planning (DELWP).

Currency: 2014.

Median rent for a 3 bedroom home

The median weekly rent for a 3 bedroom house located in the LGA. Median rents represent the mid-point in the distribution of all rents. Fifty per cent of rents are higher than the median, and fifty per cent are lower

Source: Rental report statistics, Housing and Community Building, Department of Health and Human Services.

Currency: September quarter 2015.

New dwellings approved per 1,000 population

The number of new dwellings approved for construction per 1,000 population. This measure provides an indicator of economic activity and growth in the LGA.

Source: Building Approvals, Australia, 2014–15 (released 8 Dec 2015), Australian Bureau of Statistics (ABS); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 ABS; 2014 ERP, ABS.

Number of social housing dwellings

Social housing dwellings as a percentage of all dwellings

The number of dwellings and percentage of all dwellings that are social housing stock. These data items provide an indication of the number and concentration of social housing stock in each LGA. The social housing stock data includes both public housing provided directly by the Department of Health and Human Services and housing provided by the not-for-profit community housing sector.

Source: Number of social housing dwellings: Department of Health and Human Services (DHHS);
Number of total dwellings: Census of Population and Housing, Basic Community Profile,
Census Table: B31 – occupied and unoccupied private dwellings.

Currency: 2014–15 DHHS; 2011 Census, ABS.

Homeless people (estimated) per 1,000 population

Estimated number of homeless people per 1,000 population on Census night by LGA, derived from the Census of Population and Housing using the ABS definition of homelessness.

Source: Census of Population and Housing: Estimating homelessness, Australian Bureau of Statistics (ABS).

Currency: 2011.

Percentage of work journeys which are by car Percentage of work journeys which are by public transport

The percentage of people residing in the LGA who travelled to work by car/by public transport on Census day. Data excludes people who worked from home, did not go to work or did not state their method of transport. Data is from the Victorian Transport Atlas, developed by the Department of Transport, Planning and Local Infrastructure from ABS 2011 Census, demographic and motor vehicle data.

Source: Department of Environment, Land, Water and Planning (DELWP).

Currency: 2013.

People with at least 2 hour daily commute

The proportion of respondents who travel 120 minutes or more to and from work, mutual obligation or work for the dole placement each day (i.e. 60 minutes or more of travel in one direction). Long commute time is associated with a range of negative health effects, including: stress; lower life satisfaction; negative impact on family and community relationships; financial costs; and lack of time available for health promoting behaviours. Respondents who didn't know or refused to answer the question have been excluded from analysis.

Source: VicHealth Indicators Survey.

Currency: 2011.

Percentage of dwellings with no motor vehicle

The percentage of occupied private dwellings with no motor vehicle. In some instances this could be an indicator of social isolation, whereas in other cases (particularly in inner metropolitan LGAs) not owning a motor vehicle could be attributed to the availability/accessibility of public transport.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B29 – Number of Motor Vehicles by Dwellings, Population: Occupied private dwellings.

Currency: 2011.

Education Characteristics

Full-time equivalent students

The number of Full-Time Equivalent (FTE) students enrolled in schools.

The number of full time equivalent (FTE) students enrolled in government, private, and Catholic primary and secondary schools within the LGA, including students enrolled in schools for children with special needs. While the students attend school within the LGA, they are not necessarily resident within the LGA.

FTE information was collected from the February 2015 Census of Victorian schools. All Victorian schools provide details of enrolments twice each year.

Source: Victorian Child and Adolescent Monitoring System (VCAMS) portal, Department of Education and Training; School locations, Department of Education and Training.

Currency: 2015.

Percentage of year 9 students who attain national minimum standards in literacy Percentage of year 9 students who attain national minimum standards in numeracy

The percentage of students in Year 9 who meet or exceed the benchmarks for literacy and numeracy. This measure includes all education sectors. The National Assessment Program - Literacy and Numeracy (NAPLAN) involves the annual assessment of all children in years 3, 5, 7 and 9 in tests in reading, writing, language conventions (spelling, grammar and punctuation) and numeracy. The denominator is the number of students in the reference years (Years 3, 5, 7 and 9) who participated in testing or were officially exempted.

Source: Victorian Curriculum and Assessment Authority, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal, Department of Education and Training.

Currency: 2014.

Percentage of 19 year olds completing year 12

The percentage of people aged 19 years who have completed year 12 or equivalent qualification. This item is calculated by dividing the number of nineteen year olds who completed year 12 in a given year by the number of 17 year olds two years prior.

Source: Victorian Curriculum and Assessment Authority, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal, Department of Education and Training.

Currency: 2013.

Percentage of people who did not complete year 12

The percentage of people aged 15 years and over who either did not attend school, or who attended school but did not complete year 12.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B16 - Highest year of school completed by age by sex, Population: Persons aged 15 years and over.

Currency: 2011.

Percentage of people who completed a higher education qualification

The percentage of people aged 15 years and over who have attained a definitive higher education qualification, including:

- a post-graduate degree, i.e. master or doctoral degree
- a graduate diploma
- a graduate certificate or
- a bachelor degree.

People who have attained a diploma or an advanced diploma are not included, as these qualifications may have been obtained through the Vocational Education and Training (VET) sector.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B40 - Non-school qualification: level of education by sex by age, Population: Persons aged 15 years and over.

Currency: 2011.

Percentage of students attending government schools

The percentage of all primary and secondary school students resident in the LGA who attend a government school (rather than an independent or Catholic school).

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B15 - Type of Educational Institution Attending (Full/Part-Time Student Status by Age) by Sex. Population: Persons attending an educational institution.

Currency: 2011.

3 Health and wellbeing

Health conditions

Percentage of people reporting asthma

The percentage of people who reported they have current asthma. Survey respondents were asked whether a doctor had ever told them that they had asthma and, if so, whether they had had asthma symptoms (wheezing, coughing, shortness of breath, chest tightness) in the 12 months before the survey. Those people who responded 'yes' to the question about having had symptoms in the 12 months before the survey are referred to as the population with 'current asthma'.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Percentage of people reporting type 2 diabetes

The percentage of people who reported they have been told by a doctor they have type 2 diabetes. Type 2 diabetes is the most common form of diabetes, and occurs mostly in people over 50 who are overweight, or have a family history of the condition.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Percentage of people reporting high blood pressure

The percentage of people who reported they have been told by a doctor that they have high blood pressure.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people reporting heart disease

The percentage of people who reported they have been told by a doctor that they have heart disease.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Percentage of people reporting osteoporosis

The percentage of people who reported they have been told by a doctor they have osteoporosis, or thin and weak bones that may break easily.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Percentage of people reporting arthritis

The percentage of people who reported they have been told by a doctor they have arthritis.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

People with dementia (estimated) per 1,000 population

Estimated prevalence of dementia in the LGA per 1,000 population.

Source: Alzheimer's Australia (who commissioned National Centre for Social & Economic Modelling (NATSEM), University of Canberra; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2016 NATSEM; 2014 ABS.

Percentage of people/males/females who are pre-obese Percentage of people/males/females who are obese

The percentage of people/males/females whose Body Mass Index (BMI), based on self-reported height and weight, is classified as pre-obese/obese. The data is from the Victorian Population Health Survey (VPHS), an annual computer-assisted telephone survey regarding the health of Victorians.

BMI is calculated as weight in kilograms divided by height in metres squared. A BMI of 25 and over, but below 30, is classified as pre-obese, while a BMI of 30, or over, is classified as obese. Note that studies comparing self-reported height and weight with actual height and weight indicate people tend to underestimate their weight and over-estimate their height. Self-reported data is therefore likely to result in an underestimate of pre-obese and obesity in the community. It is also not possible to determine whether a high BMI relates to body fat or muscle, so a very muscular individual could be classified as overweight or obese.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Cancer incidence per 1,000 population/females/males

The total number of malignant cancers newly diagnosed in 2014 for males, females and total people.

Source: Victorian Cancer Registry, Cancer Council of Victoria (CCV) (released December 2015).

Currency: 2014.

Percentage of people reporting poor dental health

The percentage of people who self-assessed their dental health status as poor.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Notifications of Pertussis per 100,000 population

Notifications of pertussis (whooping cough) per 100,000 population of the LGA.

Pertussis is a highly contagious acute respiratory illness caused by the bacteria *Bordetella pertussis* and is spread by droplets from coughing and sneezing. Pertussis is particularly serious in children under 12 months of age.

Data relate to notifications of Pertussis received by the Department of Health and Human Services and do not necessarily reflect the true incidence of the disease. In Victoria, laboratories and medical practitioners are required to notify cases of Pertussis to the department within 5 days of diagnosis (presumptive or confirmed). Data are presented by residential location and do not necessarily indicate where the infection was acquired.

Source: Victorian Notifiable Infectious Diseases Surveillance database (NIDS), Department of Health and Human Services.

Currency: 2015.

Notifications of Chlamydia per 100,000 population

Notifications of chlamydia per 100,000 population of the LGA.

Chlamydia is a bacterial sexually transmissible infection caused by *Chlamydia trachomatis*. Chlamydia is the most commonly reported notifiable disease in Australia. Most chlamydia infections are asymptomatic. If left undiagnosed and/or untreated, chlamydia can cause pelvic inflammatory disease (PID) which may lead to ectopic pregnancy and infertility.

Data relate to notifications of Chlamydia received by the Department of Health and Human Services and do not necessarily reflect the true incidence of the disease. In Victoria, laboratories and medical practitioners are required to notify cases to the department in writing within five days of diagnosis. Data are presented by residential location and do not necessarily indicate where the infection was acquired.

Source: Victorian Notifiable Infectious Diseases Surveillance database (NIDS), Department of Health and Human Services.

Currency: 2014.

Notifications of Influenza per 100,000 population

Notifications of influenza per 100,000 population of the LGA.

Data relate to notifications of Influenza received by the Department of Health and Human Services and do not necessarily reflect the true incidence of the disease. In Victoria, laboratories and medical practitioners are required to notify cases of Influenza to the department within 5 days of diagnosis (presumptive or confirmed). Data are presented by residential location and do not necessarily indicate where the infection was acquired.

Source: Victorian Notifiable Infectious Diseases Surveillance database (NIDS), Department of Health and Human Services.

Currency: 2015.

Health behaviours

Percentage of people/males/females 18+ who are current smokers

The percentage of people aged 18 years or older who indicate they are current smokers (i.e. they smoke daily or occasionally). Estimates by sex are unavailable for LGAs in the Victorian Population Health Survey 2014, due to small sample size at the LGA level.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people at increased risk of alcohol-related harm on a single occasion of drinking

The percentage of residents of the LGA, 18 years and over, who consumed alcohol in volumes that increased the risk of disease or injury on that drinking occasion. The National Health and Medical Research Council ([NHMRC, 2009](#)) has amended the national guidelines to reduce the health risks from drinking alcohol. On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. The consequences of heavy, regular use of alcohol may include cirrhosis of the liver, cognitive impairment, heart and blood disorders, ulcers, cancers and damage to the pancreas, placing people at increased risk of chronic ill health and premature death. The revised data is not comparable with data from previous years.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people/males/females who do not meet dietary guidelines for either fruit or vegetable consumption

The percentage of people/males/females who do not meet the current Australian guidelines for fruit and vegetable consumption (NHMRC, 2013). The current Australian guidelines recommend a minimum daily vegetable intake of 5½ serves for men 18 years of age or 51–70 years of age, 6 serves for men 19–50 years of age and 5 serves for men 71 years of age or older. The recommended minimum daily vegetable intake for women 18 years of age or older, is 5 serves. A serve is defined as half a cup of cooked vegetables or a cup of green leafy or raw salad vegetables. The recommended minimum daily fruit intake is two serves for people 12 years of age or older, where a serve is defined as one medium piece or two small pieces of fruit or one cup of diced pieces.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people who drink sugar-sweetened soft drink every day

The percentage of people who consumed sugar-sweetened soft drinks daily. The term 'sugar-sweetened' soft drink refers to any beverage with added sugar, and includes carbonated drinks, flavoured mineral water, cordial, sports and energy drinks. Ready-to-drink alcoholic beverages were also included as sugar-sweetened beverages, as they are mixed with other flavours such as fruit juice or soft drink (all clear, non-flavoured mineral or soda water was excluded). Survey participants were asked how often they consumed cordial, soft drinks, flavoured mineral water, energy or sports drinks on a daily basis. Respondents who didn't know or refused to answer the question have been excluded from the analysis.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people//males/females who do not meet physical activity guidelines

The percentage of people who do not meet the current [Australian Physical Activity Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines) <<http://www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines>>. Information was collected on four types of physical activity by measuring time spent on: walking; doing vigorous household chores (excluding gardening); doing vigorous activities (other than household chores) and muscle-strengthening physical activities.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Breast cancer screening participation

The percentage of women in target age range (50 to 74 years of age), who participated in breast cancer screening during the 2011–12 and 2012–13 financial years. Screening scans are free every two years.

The data in this item is for female residents of Victoria screened by BreastScreen Victoria (BSV) only; women screened privately or interstate are not included in the data. As a result, the participation rates for LGAs on the Victorian/NSW and Victorian/SA border are likely to underestimate screening participation.

Source: BreastScreen Victoria.

Currency: 2013–15.

Cervical cancer screening participation

The estimated two-year cervical screening participation rates as a proportion of the eligible female population (women aged 20-69), crude rate, for Victorian LGAs for the 2013 and 2014 calendar years. This is the number of women in the LGA in this age group who have had at least one Pap smear in the 2 year period. The population is the average female population for the LGA for 2013 and 2014 using ABS Estimated Resident Population (ERP) 2013 and 2014. The population is adjusted to exclude women who have had a hysterectomy according to information held by the Victorian Cervical Cytology Registry.

Source: Victorian Cervical Cytology Registry.

Currency: 2013–14.

Bowel cancer screening participation

The percentage of people who were invited to participate in the National Bowel Cancer Screening Program (NBCSP), and who did participate. Those invited were people turning 50, 55, 60 and 65, who held a Medicare card or Department of Veterans Affairs gold card.

Source: Cancer Council Victoria.

Currency: 2013–14.

Children and young person characteristics

Low birth weight babies

The percentage of babies weighing less than 2500 grams at birth; total includes both live births and still born.

This item is compiled by the Public Health Information Development Unit at Torrens University (Adelaide) from data provided by state health departments.

Source: Social Health Atlas of Victorian Local Government Areas, 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide.

Currency: 2009–11.

Percentage of infants fully breastfed at three months

The percentage of infants who are fully breastfed at three months of age.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2011–12.

Percentage of children fully immunised between 24 – 27 months

The percentage of children who are fully immunised by 24–27 months of age. The Australian Childhood Immunisation Register (ACIR) provides information about vaccine coverage at the three key milestones of 12 months, 24 months and 6 years of age. Coverage is measured three months after the last cut-off date for the cohort for completion of each milestone, to allow for delayed notification to the ACIR. Fully immunised children are those who have received all the standard immunisations appropriate to their age.

Children are routinely immunised free of charge, as part of the National Immunisation Program (NIP), against hepatitis B, rotavirus, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, pneumococcal, haemophilus influenzae type B, measles, mumps, rubella, meningococcal C and chicken pox. See <http://health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm> for further information.

Source: Australian Childhood Immunization Register (ACIR), Department of Human Services.

Currency: December Quarter 2015.

Percentage of children attending 3.5 year old maternal and child health checks

The percentage of children attending the Maternal and Child Health Services 3.5 year ages and stages visit. To calculate the denominator data, the number of infant record cards for 3–4 and 4–5 year olds is divided by two. The data are a 'snapshot'; that is, the data are counted as at 30 June each year. The proportion of children attending the 3.5 year ages and stages visit by LGA is subject to large volatility, especially in the smaller, less populated non-metropolitan LGA's. This accounts for instances where the percentage figure presented is greater than 100 per cent.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2015.

Kindergarten participation rate

First year enrolments in kindergarten as a percentage of the number of 3 year old children resident in the LGA, based on the previous year's estimated resident population (ERP). The data is sourced from CHISOL, which is a state wide online system which supports licensing, monitoring and funding provided to Early Childhood Services (i.e. Kindergartens, day care centres and home based child care).

It is possible for some Local Government Areas (LGAs) to have percentages greater than 100 per cent, due to the attribution of single year age (3 year old) population to LGAs. As the denominator data is based on the previous year's estimated 3 year old LGA population, changes in population since that time may not be reflected, This will be particularly evident in LGAs with small populations.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2014–2015 calendar years.

Percentage of children with kindergarten fee subsidy

The percentage of children attending kindergarten whose placement attracts a kindergarten fee subsidy from the total number of first year children enrolled in kindergartens. Eligibility for kindergarten fee subsidy requires the meeting of at least one criterion, including: identification as Aboriginal or Torres Strait Islander; being a multiple birth child; or holds (or has a parent/guardian who holds) a pensioner concession card, health care card, Veterans' Affairs Gold or White card, or one of a range of refugee, humanitarian or bridging visas.

An improvement in kindergarten data collection from 2014 onwards led to a change in methodology for calculating this indicator. The data quality improvements were around identifying duplicate enrolments and changing LGA breakdowns to relate to the child's residence rather than the location of the kindergarten service. Child residences in interstate or unincorporated areas do not map to Victorian LGA, but these are still included in the Victorian total.

The impact of this change is minor and does not prevent the values being compared over time, when it is understood that an improvement in the quality of the indicator drives part of the difference between values in 2013 and 2014.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2015 calendar year.

Percentage of children with emotional or behavioural problems at school entry

The percentage of children at school entry with emotional or behavioural difficulties, defined as scoring 17 or above on the total difficulties scale of the SDQ in School Entrant Health Questionnaire (SEHQ). The SEHQ is a parent report instrument that records parent's concerns and observations about their child's health and wellbeing as they begin primary school. The denominator is the number of children at entry to primary school whose parents completed the SEHQ.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2015 calendar year.

Percentage of children with speech or language problems at school entry

The percentage of children entering primary school whose parents reported one or more concerns with their child's speech or language when completing the School Entrant Health Questionnaire (SEHQ). The SEHQ is a parent report instrument that records parent's concerns and observations about their child's health and wellbeing as they begin primary school. The denominator is the number of children at entry to primary school whose parents completed the SEHQ.

Source: Department of Education and Training, extracted from the Victorian Child and Adolescent Monitoring System (VCAMS) portal.

Currency: 2015 calendar year.

Percentage of children developmentally vulnerable in one or more domains Percentage of children developmentally vulnerable in two or more domains

The percentage of children who are vulnerable across one or more/two or more of the five domains of early childhood development as measured using the Australian Early Development Index (AEDI).

The AEDI is a population measure of how young children are developing in Australian communities, across the five domains deemed important for child development and also good predictors of adult health, education and social outcomes. These are: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge.

Each checklist receives a score for each domain, which ranges from 0 to 10, with 10 being the highest score. These domain scores, for all Australian children, are recorded from highest to lowest, and then organised into percentiles. Children with domain scores below the 10th percentile (in the lowest 10 per cent of all Australian children) are considered 'developmentally vulnerable' on that domain.

Source: The Australian Early Development Index (AEDI), provided by the Department of Education and Training.

Currency: 2012.

Aged and disability characteristics

Percentage of population with need for assistance with core activity

The percentage of people in the LGA who need ‘...help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age’ (ABS website).

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B18 - Core Activity Need for Assistance by Age by Sex, Population: Persons.

Currency: 2011.

Percentage with profound or severe disability living in the community (all ages) Percentage with profound or severe disability living in the community (aged 65+)

The percentage of people (all ages/aged 65+) in the LGA who have a profound or severe disability, and who live in the community, rather than in long-term residential care. Data was compiled by Public Health Information Development Unit (PHIDU), at the Torrens University Australia, Adelaide from 2011 Census data. People with a severe and profound disability living in long-term residential accommodation are subtracted from the total to produce people living in the community.

Source: Social Health Atlas of Victorian Local Government Areas, 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide.

Currency: 2011.

People receiving disability services support per 1,000 population

Clients of all disability services, by client’s residential address, reported as rate per 1,000 total population.

Source: Disability client profile 2014–15 report; Disability National Minimum Dataset (NMDS), Australian Institute of Health and Welfare (AIHW) calculated by Performance and Reporting branch, Department of Health and Human Services.

Currency: 2014–15.

Disability Support Pension recipients per 1,000 eligible population

The number of people per 1,000 eligible population who are receiving the Disability Support Pension (DSP). The eligible population includes people aged 16 and over who are not yet eligible for the Age Pension (i.e. aged 64 or younger) and who qualify for the Disability Support Pension. The purpose of Disability Support Pension is to provide income support for people who have a permanent physical, intellectual or psychiatric impairment. DSP is designed to give people an adequate means of support if they are unable to work for at least 15 hours per week at or above the relevant minimum wage, independent of a program of support. Centrelink’s *A Guide to Australian Government Payments* contains more detailed information on eligibility criteria for both the Disability Support Pension and the Age Pension. Population figures are Estimated Resident Population (ERP) figures from the Australian Bureau of Statistics (ABS).

Source: Department of Social Security (DSS) Payment Demographic Data; Estimated Resident Population (ERP) by single year of age, Australian Bureau of Statistics (ABS).

Currency: September quarter 2015 DSS; 2014 ABS.

Percentage of people/female/male aged 75+ who live alone

The percentage of the LGA population who are 75 or older and live in a single person household, and the proportion of these who are female/male. This data item provides an indication of the proportion of the population living in the community who may require additional support and services.

Source: Census of Population and Housing, Australian Bureau of Statistics (ABS). Basic Community Profile, Census table: B23 - Relationship in Household by Age by Sex, Population: Persons in occupied private dwellings.

Currency: 2011.

Aged care places

The number of Commonwealth government-subsidised residential aged care places. These are approximately equivalent to the services delivered by nursing homes and hostels in the past.

As of 2015, only data on total residential aged care places is provided by the Commonwealth. This data is equivalent to the sum of high care and low care places included in previous versions of the LGA Profiles.

Source: Commonwealth Department of Health.

Currency: 2015.

Age Pension recipients per 1,000 eligible population

The number of people who are receiving the Age Pension per 1,000 eligible population. Age Pension is an income support payment for customers that have reached Age Pension age, which depends on date of birth and currently includes males aged 65 and over and females aged 64 and over. The figures reported on Age Pension recipients include those who are receiving part or full Age Pension. Women born before 1949 are eligible for the Age Pension earlier than men. Centrelink's *A Guide to Australian Government Payments* contains more detailed information on eligibility criteria. Population figures are Estimated Resident Population.

Source: Centrelink; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: September quarter 2015 Centrelink; 2014 ABS.

Life expectancy, wellbeing, injury and mortality

Male life expectancy

Female life expectancy

The average number of years an individual of a given age is expected to live, if current mortality rates continue to apply. However this may be an underestimate of how long, on average, a person born today can expect to live because mortality rates are declining and the force of mortality at any future age will be less than it is for a person of that age now. Estimates of life expectancy for LGAs within Victoria have been computed from five years (2003–2007) of aggregated mortality and population data.

Source: Life expectancy at birth: Victoria 2003–2007; Department of Health and Human Services.

Currency: 2007.

Percentage of people/males/females reporting fair or poor health status

The percentage of people/males/females in the LGA who reported as part of the Victorian Population Health Survey (VPHS) 2011 that their general health was 'fair' or 'poor', as opposed to 'excellent', 'very good' or 'good'.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2011.

Percentage of people with a high/very high degree of psychological distress

The percentage of people who were categorised as part of the Victorian Population Health Survey (VPHS) as experiencing high or very high psychological distress. The Kessler 10 Psychological Distress Scale (K10) was used during survey interviews. The K10 is a set of 10 questions designed to categorise the level of psychological distress over a four week period, and is a simple measure of affective disorders such as anxiety, depression, sadness, restlessness, worthlessness and worry. Individuals are categorised to four levels of psychological distress based on their score: low, moderate, high and very high.

Source: Victorian Population Health Survey, Department of Health and Human Services.

Currency: 2014.

Percentage of people with adequate work-life balance

The percentage of employed people who either disagreed or strongly disagreed that their work and family life often interfere with each other. Indicator is used to measure community wellbeing with a focus on social determinants of health. Respondents who didn't know or refused to answer have been excluded from the analysis. Note this indicator is presented in a positive frame; that is, adequate work life balance rather than poor work life balance.

Source: VicHealth Indicators Survey.

Currency: 2011.

Unintentional injuries treated in hospital per 1,000 population Intentional injuries treated in hospital per 1,000 population

The rate per 1,000 population of unintentional/intentional injuries treated in hospital, which includes both emergency department presentations and hospital admissions. **Unintentional injuries** are those where the injury is not sustained on purpose and there is no intent to harm. An **intentional injury** is an injury as a result of deliberate acts by people; that is, harm of one person by another (assault, homicide, neglect) or self-harm.

An injury emergency department presentation is defined as an injury or poisoning that results in a person presenting to a hospital emergency department for treatment and who is triaged (assessed for urgency), including those patients who leave before treatment commences. An injury hospital admission is defined as an injury or poisoning which results in the person being admitted to a hospital bed and being discharged alive after one or more night's stay.

LGA rates have been suppressed for small cell sizes (<5 injuries).

Source: Victorian Injury Surveillance Unit (VISU) using data sourced from Victorian Admitted Episodes Dataset (VAED) and Victorian Emergency Minimum Dataset (VEMD); Estimated Resident Population (ERP), Australian Bureau of Statistics ABS.

Currency: 2014–15 VAED, VEMD; 2014 ABS.

Percentage of unintentional injuries due to falls

The percentage of unintentional injuries in the LGA which are due to falls. The definition of falls includes same level falls, such as slips and trips; and different level falls, for example, involving stairs, ladders or playground equipment. Falls and fall-related injury contributes a significant proportion of the burden and impact of injury in Australia.

Source: Victorian Injury Surveillance Unit (VISU) using data sourced from Victorian Admitted Episodes Dataset (VAED) and Victorian Emergency Minimum Dataset (VEMD); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15.

Indirect standardised death rate per 1,000 population

Standardised average death rate (SDR) for the three years ending in the reference year (2014). Unlike many other indicators in the LGA Profiles, this indicator is age-standardised to enable comparison of death rates between populations with different age structures. The ABS has used an indirect method in calculating the death rates due to the small size of LGA populations. This is an adjustment to the crude death rate of the standard population to account for the variation between the actual number of deaths in the population under study and the number of deaths which would have occurred if the population under study had experienced the age-specific death rates of the standard population.

Source: Deaths Australia 2014 (Catalogue number 3302.0) released November 2015, Australian Bureau of Statistics (ABS).

Currency: 2014.

Avoidable deaths per 100,000 population, 0–74 years due to all causes

Avoidable deaths per 100,000 population, 0–74 years due cancer

Avoidable deaths per 100,000 population, 0–74 years due to cardiovascular disease

Avoidable deaths per 100,000 population, 0–74 years due to respiratory disease

The average annual death rate from potentially avoidable causes per 100,000 people aged 0-74 years for the period 2009 to 2012.

The data was produced by the Public Health Information Development Unit (PHIDU) at Torrens University Australia, Adelaide from deaths data, supplied by Australian Bureau of Statistics (ABS) on behalf of State and Territory Registrars of deaths for 2009 to 2012 and Estimated Resident Population, ABS.

Source: Social Health Atlas of Victorian Local Government Areas, 2015, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide.

Currency 2009–12.

4 Service system

Providers

Primary Health Network (PHN)

Primary Health Network (PHN) to which the LGA belongs (replacing Medicare Locals). PHNs are a component of the Australian Government's National Health Reform. They have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Source: Commonwealth Department of Health.

Currency: 2015.

Primary Care Partnership (PCP)

The Primary Care Partnership (PCP) to which the Local Government Area (LGA) belongs. A PCP is a collection of two or more LGAs that plan and deliver primary care services at a local level. At the time of publication, there were 30 PCPs in Victoria.

Source: Department of Health and Human Services.

Currency: 2015.

Most frequently attended public hospital

The name of the Victorian public hospital with the highest number of separations of residents of the LGA.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services.

Currency: 2014–15.

Access

General practitioners per 1,000 population

The number of general practitioners working in an LGA per 1,000 population.

Note this is a head count per 1,000 population rather than a full-time equivalent measure per 1,000 population. As such, it does not provide a precise measure of the GP service availability within the LGA.

Source: National Health Workforce Dataset, Australian Health Practitioner Regulation Authority (AHPRA); Estimated Resident Population, Australian Bureau of Statistics (ABS).

Currency: 2014 APHRA; 2013 ABS.

General practice clinics/Dental service sites/Allied health service sites/Pharmacies per 1,000 population

The number of general practice clinics or sites, dental service sites, allied health service sites and retail pharmacies per 1,000 population resident in the LGA.

Dental services include specialist services such as orthodontics and oral surgery.

Allied health services include services such as audiology, chiropractic, physiotherapy and podiatry, but exclude complementary therapies such as homeopathy and naturopathy.

Each site is counted once only for each indicator. For example, a site offering physiotherapy and speech therapy would be counted once under allied health services, while a general practice clinic that has physiotherapy at the same site would be counted once under general practice clinic and once under allied health services.

Source: National Human Services Directory (NHSD); Estimated Resident Population, Australian Bureau of Statistics (ABS).

Currency: 2015 NHSD; 2014 ABS.

Percentage who could definitely access community services and resources

The percentage of the LGA respondents who could access community services or resources, such as libraries, maternal and child health centres and neighbourhood centres, when needed.

Source: Victorian Population Health Survey – Social Capital Report, Department of Health and Human Services.

Currency: 2011.

Percentage of population near to public transport

The percentage of the population that lives within 400 metres of a bus and/or tram stop and/or within 800 metres of a train station.

These percentages were calculated with ESRI ArcGIS in 2015 by System Intelligence and Analytics branch, Department of Health and Human Services using the source data listed below.

Source: Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS); Transport location data provided by the Department of Environment, Land, Water and Planning (DELWP).

Currency: 2015 DELWP; 2014 ABS.

Percentage of population with private health insurance

The percentage of the LGA population aged 15 years and over covered by private health insurance.

Compiled by Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide, using data estimated from the 2007–08 National Health Survey (NHS), ABS (unpublished); and ABS Estimated Resident Population (ERP), average of years ending 30 June 2007 and 2008. The data are self-reported data, reported to interviewers in the 2007–08 NHS.

Source: Social Health Atlas of Victorian Local Government Areas, 2012, Public Health Information Development Unit (PHIDU), Torrens University Australia, Adelaide.

Currency: 2007–08.

Hospital utilisation

Hospital inpatient separations per 1,000 population

The number of hospital inpatient separations per 1,000 population. A separation is a completed admission to hospital. This item refers to the number of **occasions** of service in Victorian public and private hospitals per 1,000 population, and not to the number of **individuals** admitted to hospital per 1,000 population. The data includes admissions for acute, sub-acute and mental health conditions.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 VAED; 2014 ABS.

Percentage of inpatient separations from public hospital Percentage of inpatient separations from private hospital

The percentage of all separations for residents of the LGA which are from a public or a private hospital.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services.

Currency: 2014–15.

Inpatient separations from the most frequently attended public hospital

The percentage of all separations involving residents of the LGA which occurred at the most frequently attended public hospital.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services.

Currency: 2014–15.

Average length of stay (days) for total/public/private hospital inpatients

The average length of stay (in days) for all inpatients, and average length of stay for inpatients from public and private hospitals. Note that all separations (including same-day stays) have been included. The duration of the hospital stay is calculated by subtracting the date the patient is admitted from the date of separation, less any leave taken during the admission.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services.

Currency: 2014–15.

Annual change in inpatient separations between 2004–05 and 2014–15

The per annum change in the actual number of Victorian public and private hospital inpatient separations.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services.

Currency: 2014–15.

Projected annual change in inpatient separations between 2014–15 and 2026–27

The per annum change between the projected number of Victorian hospital inpatient separations for 2026–27 and the actual number of separations in 2014–15. The 2026–27 projected separations are from the 2016 Inpatient Forecasting Model developed by the Department of Health and Human Services using data from the Victorian Admitted Episodes Dataset (VAED) and population projections from Department of Planning and Community Development (DPCD) to project future utilisation.

Source: Victorian Admitted Episode Dataset (VAED), Hospital Inpatient Forecasts, Department of Health and Human Services.

Currency: 2014–15.

Ambulatory Care Sensitive Conditions (ACSC) separations per 1,000 population – total/acute/chronic/vaccine preventable conditions

The number of inpatient separations for total/acute/chronic/vaccine preventable Ambulatory Care Sensitive Conditions (ACSCs) per 1,000 population. Rates in the LGA profiles are crude rates; therefore, they are not comparable to those reported in the Victorian Health Information Surveillance System (VHISS), which are age standardised.

ACSCs are those for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in ambulatory settings such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services.

There has been a major change to the specifications for reporting of ACSCs since 2013–14, so that Victorian specifications are now consistent with the national definitions for Potentially Preventable Hospitalisations (PPHs), as specified by AIHW. Further details can be obtained from [AIHW metadata](http://meteor.aihw.gov.au/content/index.phtml/itemId/559032) <http://meteor.aihw.gov.au/content/index.phtml/itemId/559032>.

Acute ACSCs include avoidable hospitalisations for acute diseases or conditions such as dehydration, gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear, nose and throat infections and dental conditions. These conditions may not be preventable but theoretically should not result in hospitalisation if adequate and timely primary care is received.

Chronic ACSCs include avoidable hospitalisations for selected chronic diseases such as diabetes complications, asthma, angina, hypertension, congestive heart failure, and chronic obstructive pulmonary disease (COPD). In this case, although these conditions may be preventable through behaviour modification and lifestyle change, they can also be managed effectively through primary health care in order to prevent hospitalisation.

Vaccine preventable ACSCs include infectious diseases such as influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis, and poliomyelitis; i.e. conditions for which vaccination is available. For these conditions, it is the actual condition that is deemed preventable rather than the hospitalisation.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services; Estimated Resident Population (ERP, Australian Bureau of Statistics (ABS).

Currency: 2014–15 VAED; 2014 ABS.

Ambulatory Care Sensitive Conditions (ACSC) - average length of stay (days)

The average length of stay (days) for Ambulatory Care Sensitive Conditions (ACSC) (PPH) separations. ACSCs are those conditions for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in ambulatory settings such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services.

There has been a major change to the specifications for reporting of ACSCs since 2013–14 so that Victorian definitions are now consistent with the national definitions for Potentially Preventable Hospitalisations (PPHs), as specified by AIHW.

Source: Victorian Admitted Episode Dataset (VAED), Department of Health and Human Services; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 VAED; 2014 ABS.

Emergency department presentations per 1,000 population

The number of presentations by residents of an LGA at a public hospital emergency department (that reports to the Victorian Emergency Minimum Dataset) per 1,000 population. The presentation numbers include people who did not wait to be treated, who left after treatment started, or were dead on arrival. This item refers to the number of **occasions** of service in Victorian public emergency departments per 1,000 population, not to the number of **individuals** presenting to emergency departments per 1,000 population.

Source: Victorian Emergency Minimum Dataset (VEMD), Department of Health and Human Services, Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 VEMD; 2014 ABS.

Annual change in emergency department presentations between 2004–05 and 2014–15

The per annum change in the actual number of occasions of service in Victorian public hospital emergency departments.

Source: Victorian Emergency Minimum Dataset (VEMD), Department of Health and Human Services.

Currency: 2014–15.

Projected annual change in emergency department presentations between 2014–15 and 2026–27

The per annum change between the projected number of Victorian hospital emergency department occasions of service for 2026–27 and the actual number of occasions of service in 2014–15. The 2026–27 projected occasions of service are from the 2015 Emergency Department Projection Model developed by the System Intelligence and Analytics branch of the Department of Health and Human Services using data from the Victorian Emergency Minimum Dataset (VEMD) and population projections from Department of Environment, Land, Water and Planning (DELWP) to project future utilisation.

Source: Victorian Emergency Minimum Dataset (VEMD); Emergency Department forecasts, Department of Health and Human Services; Department of Environment, Land, Water and Planning (DELWP).

Currency: 2014–15.

Primary care type presentations to emergency departments, per 1,000 population

The number of presentations classified as 'primary care type' (PCT), at any public hospital emergency department (that reports to the VEMD), by LGA of patient residence per 1,000 population. This item refers to the number of **occasions** of service in Victorian public emergency departments per 1,000 population, not to the number of **individuals** presenting to emergency departments per 1,000 population. The definition of PCT patients used in the analysis of the VEMD is a patient with all of the following characteristics:

- not referred by a GP
- did not arrive by ambulance
- classified as a triage category 4 or 5
- not admitted to inpatient care and
- length of stay less than 12 hours.

Source: Victorian Emergency Minimum Dataset (VEMD), Department of Health and Human Services; Estimated Resident Population, Australian Bureau of Statistics (ABS).

Currency: 2014–15 VEMD; 2014 ABS.

Child protection, family services and youth justice utilisation

Child protection investigations completed per 1,000 eligible population

Child protection investigation is the process whereby child protection workers obtain more detailed information about a child who is the subject of a report, and make an assessment about the harm or degree of harm to the child and the child's protective needs. An investigation includes the interviewing or sighting of the subject child where it is practicable to do so. The eligible population is children aged 0–17. The Client Relationship Information System (CRIS) and Client Relationship Information System for Service Providers (CRISSP) databases are live databases; that is, they are updated continuously. Some updating occurs retrospectively, and this is likely to introduce variation in data reported in different time periods, with recently reported data being particularly subject to upward revision.

Source: Client Relationship Information System (CRIS)/ Client Relationship Information System for Service Providers (CRISSP), Department of Health and Human Services; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 CRIS/CRISSP; 2014 ABS.

Child protection substantiations per 1,000 eligible population

Child protection substantiations refer to child protection reports which were investigated and it was concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. The eligible population is children aged 0–17. The Client Relationship Information System (CRIS) and Client Relationship Information System for Service Providers (CRISSP) databases are live databases; that is, they are updated continuously. Some updating occurs retrospectively, and this is likely to introduce variation in data reported in different time periods, with recently reported data being particularly subject to upward revision.

Source: Client Relationship Information System (CRIS)/ Client Relationship Information System for Service Providers (CRISSP), Department of Health and Human Services; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 CRIS/CRISSP; 2014 ABS.

Number of Child FIRST assessments per 1,000 eligible population

Child FIRST assessments and interventions include an assessment of the level of risk and the needs of the family and the intervention undertaken by Child FIRST to support the family. The eligible population is children aged 0–17. The Client Relationship Information System (CRIS) and Client Relationship Information System for Service Providers (CRISSP) databases are live databases; that is, they are updated continuously. Some updating occurs retrospectively, this is likely to introduce variation in data reported in different time periods, with recently reported data being particularly subject to upward revision.

Source: Client Relationship Information System (CRIS)/ Client Relationship Information System for Service Providers (CRISSP), Department of Health and Human Services; Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2014–15 CRIS/CRISSP; 2014 ABS.

Health and aged care service utilisation

General practitioner attendances per 1,000 population – total/female/male

The rate of attendances at a general practitioner per 1,000 population for services under the Medicare Benefits Schedule (MBS). This item refers to the total number of attendances at general practitioners by residents of the LGA, not the number of individual residents who attended a general practitioner. Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Specialist consultations per 1,000 population

The rate of medical specialist consultations per 1,000 population for services under the Medicare Benefits Schedule (MBS). This item refers to the total number of consultations with medical specialists by residents of the LGA, not the number of individual residents who consulted a medical specialist. Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Diagnostic imaging services per 1,000 population

The rate of diagnostic imaging services per 1,000 population for services under the Medicare Benefits Schedule (MBS). (This item refers to the total number of diagnostic imaging services provided to residents of the LGA, not the number of individual residents who received a diagnostic imaging service. Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and, conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Percentage of LGA population who consulted a GP in 2013–14 - total/female/male

The percentage of the LGA population who consulted a general practitioner for services under the Medicare Benefits Schedule (MBS). Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Percentage of total/female/male LGA population who consulted a specialist in 2013–14

The percentage of the LGA population who consulted a medical specialist for services under the Medicare Benefits Schedule (MBS). Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Percentage of general practitioner attendances bulk billed

Percentage of specialist consultations bulk billed

Percentage of diagnostic imaging services bulk billed

The percentage of services provided to residents of the LGA which were bulk billed; that is, when the health professional accepted the Medicare benefit as full payment for the service. Data refers to claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Medicare data, Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 Medicare; 2014 ABS.

Percentage of total/female/male population receiving prescriptions

The percentage of the LGA population who received prescriptions under the Pharmaceutical Benefits Scheme (PBS).

Data refers to PBS claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Pharmaceutical Benefits Scheme (PBS), Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 PBS; 2014 ABS.

Average patient contribution for prescriptions

The average payment contributed by patients residing in the LGA per prescription under the Pharmaceutical Benefits Scheme (PBS). Data refers to PBS claims processed by Medicare during 2013–14, and not necessarily services rendered in this period. Therefore, there will be a small number of services rendered outside 2013–14 that are included in this data and conversely, a small number of services rendered during 2013–14 that are not included in the data. Data was aggregated and analysed by the Department of Health and Human Services (DHHS) from unit record data provided by the (Commonwealth) Department of Health to all States and Territories, and 2014 Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Source: Pharmaceutical Benefits Scheme (PBS), Department of Health (Australian Government); Estimated Resident Population (ERP), Australian Bureau of Statistics (ABS).

Currency: 2013–14 PBS; 2014 ABS.

Home and Community Care (HACC) clients aged 0–64 per 1,000 target population HACC clients aged 65 and over per 1,000 target population

The actual number of Home and Community Care (HACC) clients per 1,000 HACC target population receiving services funded by the HACC program. Note that anonymous clients, interstate clients, or those whose age group cannot be identified, have been excluded.

The HACC Needs Assistance Measure (NAM) target population encompasses 'older and frail people with moderate, severe or profound disabilities, and younger people with moderate, severe or profound disabilities'. The size and location of the preliminary HACC target population in Victoria is estimated from responses to Census questions on Need for Assistance with self-care, mobility or communication, counted at the local government area (LGA) level. The preliminary target population for each LGA is then adjusted by subtracting people in residential aged care as well as a proportion of DVA card holders.

The rate per 1,000 indicates a relative need of service provision in different LGAs and this can be used to make comparison between LGAs in the relative extent of HACC provision compared to population. Because of the multiple occasions of service, it is possible for a given LGA to show more people getting a HACC service in a year than the count of individuals in the HACC target population.

Comparison between years for a given LGA may be misleading if the number of clients is small.

There was a major change in the methodology of how HACC target population (denominator) is calculated from 2013–14 onwards. As a result, rates per 1,000 target population from 2013–14 onwards are quite different from the rates in prior years.

At the time of data collection, HACC was jointly funded by the Commonwealth and Victorian Governments. From 1 July 2016 significant changes have come into effect for the HACC Program, with the responsibility for funding and managing services for older people (65 years and over) transferred to the Commonwealth. Those under 65 years will be funded by a mix of State and Commonwealth funding, including National Disability Insurance Scheme (NDIS).

However, these changes do not impact on the 2014–15 data in these profiles.

Further details on the methodology may be obtained from the Ageing and Aged Care Branch of the Community Participation, Sport & Recreation, Health and Wellbeing division of the Department of Health and Human Services.

Source: Home and Community Care (HACC) Program, Department of Health and Human Services.

Currency: 2014–15.

Drug and alcohol clients per 1,000 population

The number of residents of an LGA per 1,000 population who received treatment from alcohol and drug treatment services. This item refers to the number of **individuals**, not to the number of **completed courses of treatment**. Note that due to program reform, the number of drug and alcohol clients for 2014–15 is lower than the previous year.

Source: Alcohol and Drug Information System (ADIS), Department of Health and Human Services; Estimated Resident Population, Australian Bureau of Statistics (ABS).

Currency: 2014–15 ADIS; 2014 ABS.

Registered mental health clients per 1,000 population

The number of residents of an LGA who are registered as clients with a mental health service, per 1,000 population. When a referral is made to a public mental health service, a clinician will determine the most appropriate service response. If the referral is accepted for further service delivery or intervention, the client is registered on the Victorian public mental health client information management system.

Source: Department of Health and Human Services (DHHS); Estimated Resident Population, Australian Bureau of Statistics (ABS).

Currency: 2014–15 DHHS; 2014 ABS.