

National Health Performance Authority

Healthy Communities:

Avoidable deaths and life expectancies in 2009-2011





National Health Performance Authority

Healthy Communities:

Avoidable deaths and life expectancies in 2009-2011

National Health Performance Authority

GPO Box 9848 Sydney, NSW 2001 Australia Telephone: +61 2 9186 9210

www.nhpa.gov.au

Paper-based publications

© Commonwealth of Australia 2013

This work is copyright. You may reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so.

Internet sites

© Commonwealth of Australia 2013

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so.

Requests and enquiries concerning reproduction and rights are to be sent to Communications, MDP 158, National Health Performance Authority, GPO Box 9848, Sydney NSW 2001, or by email to nhpawebmaster@nhpa.gov.au

ISSN: 2201-8212 Online ISSN: 2201-9154 Print ISBN: 978-1-74186-079-5 Online ISBN: 978-1-74186-080-1

Suggested citation: National Health Performance Authority 2013, *Healthy Communities: Avoidable deaths and life expectancies in 2009–2011.*

Further copies of this document can be downloaded from www.myhealthycommunities.gov.au

Published December 2013.

Please note that there is the potential for minor revisions of this report. Please check **www.myhealthycommunities.gov.au** for any amendments.

Table of contents

Summa	ary	iii
	Key findings	iv
	Next steps	VII
Introdu	iction	1
	About this report	1
	Measuring the effectiveness of local health systems	1
	About the data	3
	Fair comparisons	3
Key find	dings	5
	Differences between Medicare Local catchments	5
	Potentially avoidable deaths	5
	Potentially preventable deaths	5
	Potentially treatable deaths	
	Potentially avoidable deaths: differences between males and females	14
	Life expectancy at birth	16
Medica	are Local health profiles	21
	Box 1: How to read the Medicare Local health profiles	23
	Metropolitan 1 peer group	24
	Metropolitan 2 peer group	
	Metropolitan 3 peer group	
	Regional 1 peer group	
		64
		82
	Rural 2 peer group	88
Referer	nces	95
Acknov	wledgements	96
About 1	the Authority !	97

Additional document

Healthy Communities: Avoidable deaths and life expectancies in 2009-2011, Technical Supplement

Summary

Deaths are caused by many factors. Some deaths can be avoided through better access to health care or through more effective treatments. Rates of avoidable deaths per head of population can be a useful indicator of how well health systems are performing.

Australia has one of the lowest rates of amenable (potentially treatable) deaths and the seventh-highest life expectancy at birth in the world following Switzerland, Japan, Italy, Spain, Iceland and France.¹

Although the overall health and wellbeing of people in Australia is high and improving, national-level figures disguise considerable disparities across local communities, which once revealed can highlight opportunities to improve health and medical care for all Australians.

In order to assist local areas to target improvements in prevention and health services, and improve the health of all Australians, this report for the first time:

- Presents comparable rates of potentially avoidable deaths and life expectancy at birth across local areas nationally
- Compares local areas of similar geographic, demographic and socioeconomic circumstance, and
- Profiles 61 Medicare Local catchments using 18 measures.

Potentially avoidable deaths comprise two subcategories: preventable deaths, for which the conditions or actions responsible for the deaths might have been prevented (an example being lung cancer), and deaths that might have been avoided by better access to or provision of medical care, even if the medical condition could not itself have been prevented (an example being breast cancer). For the purposes of this report, this first subcategory is referred to as 'potentially preventable deaths', and the second category is referred to as 'potentially treatable deaths'. These two categories are not mutually exclusive. Some deaths could be avoided by both prevention and treatment.

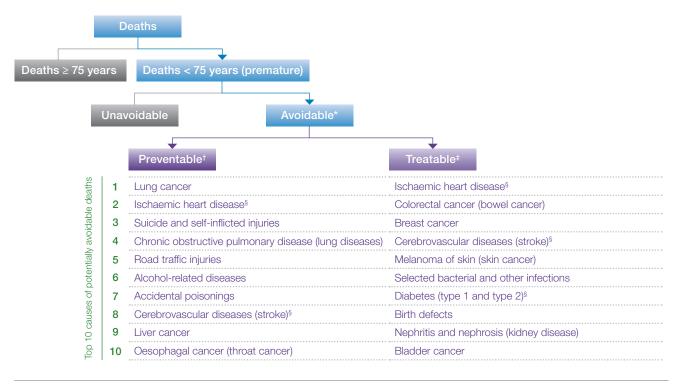
Potentially avoidable deaths are those that occur prematurely (before the age of 75) that might have been avoided through better prevention or health care. Potentially avoidable deaths include both preventable and treatable deaths.

- Potentially preventable deaths are those
 that occur prematurely that might have been
 avoided through better preventive health
 activities such as screening, good nutrition
 and healthy habits such as exercise. Examples
 include premature deaths related to lung
 cancer and suicide
- Potentially treatable deaths are those that occur prematurely that might have been avoided through better medical services and therapeutic interventions, such as surgery or medication. Examples include premature deaths related to bowel, breast and skin cancer, and heart disease.

These two categories are not mutually exclusive. Some deaths could be avoided through both prevention and treatment (Figure 1, page iv).

The Council of Australian Governments (COAG) has identified potentially avoidable deaths as a measure of the effectiveness of health care, to be used by the National Health Performance Authority to report on local health systems. Life expectancy data are reported as contextual information about these local areas.

Figure 1: Classification of potentially avoidable deaths as preventable or treatable and most common causes of death by category, in Australia, 2009-2011



- Avoidable deaths are those before the age of 75 years that are potentially preventable and/or treatable.
 - Preventable conditions are those which are responsive to preventive activities such as screening, diet and exercise.
- Treatable (amenable) conditions are those which are responsive to the appendix interventions, such as surgery or medication. Ischaemic heart disease, cerebrovascular diseases and diabetes are included in both preventable and treatable categories.

Source: Australian Bureau of Statistics Causes of Death Customised Report 2009–2011.

For more detailed information refer to Table 1 on page 4.

Key findings

Potentially avoidable deaths

In the three calendar years from 2009 to the end of 2011, more than 33,000 Australians died prematurely on average per year from causes that might have been avoided through better prevention or medical treatment. These deaths accounted for two-thirds (66%) of all deaths before the age of 75.

During the three-year period, the agestandardised rate of potentially avoidable deaths on average per year was more than three times higher in the Medicare Local catchment with the highest rate, compared to the Medicare I ocal with the lowest rate.

The rates ranged from 96 deaths per 100,000 people on average per year in Inner East Melbourne to 316 deaths per 100,000 in Central and North West Queensland (pages 8 and 9).

Six causes accounted for just over 50% of all potentially avoidable deaths - ischaemic heart disease, lung cancer, suicide and self-inflicted injuries, bowel cancer, stroke and breast cancer (Table 1, page 4).

The age-standardised rate of **potentially** preventable deaths was almost four times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate.

The rates ranged from 53 deaths per 100,000 people on average per year in Northern Sydney to 206 deaths per 100,000 in Central and North West Queensland (pages 10 and 11).

During the three calendar years from 2009 to the end of 2011, an estimated 20,438 Australians died prematurely on average per year from causes that are considered potentially preventable (page 4).

Three causes accounted for almost 50% of all potentially preventable deaths – lung cancer, ischaemic heart disease and suicide and self-inflicted injuries (Figure 1, page iv and Table 1 on page 4).

The age-standardised rate of **potentially treatable deaths** was **almost three times higher** in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate.

The rates ranged from 41 deaths per 100,000 people on average per year in Inner East Melbourne to 110 deaths per 100,000 in Central and North West Queensland (pages 12 and 13).

During the three calendar years from 2009 to the end of 2011, an estimated 12,858 Australians died prematurely on average per year from causes that are considered treatable (**Table 1, page 4**).

Three causes accounted for 50% of all potentially treatable deaths – ischaemic heart disease, bowel cancer and breast cancer (Figure 1, page iv and Table 1 on page 4).

Rates of **potentially avoidable deaths** in rural lower-income communities (Rural 2 peer group) were **more than twice as high** as in wealthier inner-city suburbs (Metro 1 peer group) **(pages 8 and 9)**.

Yet there were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances (pages 8 and 9).

- Across metropolitan areas, the agestandardised rate of potentially avoidable deaths was 32% higher in the lower-income urban catchments (Metro 3 peer group, 152 deaths per 100,000 people) compared to the wealthiest inner-city catchments (Metro 1, 115 deaths per 100,000 people)
- Across regional areas, the age-standardised rate of potentially avoidable deaths was 9% higher in the lower-income catchments (Regional 2 peer group, 171 deaths per 100,000 people) compared to the wealthier catchments (Regional 1, 157 deaths per 100,000 people)
- Across rural areas, the age-standardised rate of potentially avoidable deaths was 30% higher in the Rural 2 peer group (244 deaths per 100,000 people) compared to Rural 1 (187 deaths per 100,000 people).

There were also large differences in rates of potentially avoidable deaths between males and females, particularly those deaths that are potentially preventable (pages 14 and 15).

Potentially treatable deaths

Potentially treatable deaths are a particular focus of this report because they closely reflect how well local medical systems are performing. Potentially treatable deaths are those that occur prematurely that might have been avoided through better medical services and therapeutic interventions, such as surgery or medication.

There were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances (pages 12 and 13).

- Across metropolitan areas, the agestandardised rate of potentially treatable deaths was 30% higher in the lower-income urban catchments (Metro 3 peer group, 60 deaths per 100,000 people) compared to the wealthiest inner-city catchments (Metro 1, 46 deaths per 100,000 people)
- Across regional areas, the age-standardised rate of potentially treatable deaths was
 3% higher in the lower-income catchments (Regional 2 peer group, 62 deaths per 100,000 people) compared to the wealthier catchments (Regional 1, 60 deaths per 100,000 people)
- Across rural areas, the age-standardised rate of potentially treatable deaths was 23% higher in the Rural 2 peer group (87 deaths per 100,000 people) compared to Rural 1 (71 deaths per 100,000 people).

More detailed information on differences across local areas even after accounting for geographic and socioeconomic circumstances is on **pages 10 and 11** with regard to potentially preventable deaths, and on **pages 12 and 13** with regard to potentially treatable deaths.

Life expectancy at birth

Life expectancy at birth is an estimate of the average number of years a newborn baby is expected to live, assuming the average death rates at the time of the reporting period continue throughout their lifetime.

During the three calendar years from 2009 to the end of 2011, life expectancy at birth varied across Medicare Local catchments from 84.6 years in Northern Sydney to 76.1 years in Central and North West Queensland, a difference of 8.5 years in life expectancy.

Yet there were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances.

- Across metropolitan areas, life expectancy was 81.7 years for males and 85.5 for females in the wealthiest inner-city catchments (Metro 1 peer group), which is 1.9 years higher for males and 1.3 years higher for females compared to life expectancy in lower-income catchments (Metro 3)
- Across regional areas, life expectancy was 79.3 years for males and 83.8 for females in the wealthier catchments (Regional 1 peer group), which is 0.9 years higher for males and 0.4 years higher for females compared to life expectancy in lower-income catchments (Regional 2)
- Across rural areas, life expectancy was 78.1
 years for males and 83.0 for females in the
 Rural 1 peer group, which is 2.2 years higher
 for males and 2.3 years higher for females
 compared to life expectancy in Rural 2.

More detailed information on differences across local areas in life expectancy even after accounting for geographic and demographic circumstances is on **pages 18 and 19**.

Health profiles of Medicare Locals

At a national level, Australia is already an international leader in the prevention of avoidable deaths (Figure 2, page 2).

This report is intended to reveal local level variations that enable health care professionals to see which areas could benefit from further targeting of health care services.

In this context, the report includes profiles for each Medicare Local catchment using 18 measures of health, prevention, use of health services and experiences, comprising:

- 1. Potentially avoidable deaths
- 2. Life expectancy at birth
- 3. Adults who are overweight or obese
- 4. Adults who are obese
- 5. Adults who smoke daily
- 6. Immunisation rates for 1 year old children
- 7. Immunisation rates for 5 year old children
- 8. GP attendances
- 9. Specialist attendances
- 10. People who saw an allied health professional or nurse
- 11. Adults who visit hospital EDs
- 12. Adults admitted to hospital
- 13. Potentially avoidable hospitalisations
- 14. Waiting times for GP appointments
- 15. Waiting times for medical specialists
- 16. Cost barriers to GP care
- 17. Cost barriers to prescribed medication
- 18. Cost barriers to seeing a medical specialist

Four of these 18 indicators have not previously been reported at the local level nationally, including COAG indicators in relation to potentially avoidable deaths, life expectancy at birth, specialist attendances and use of allied health professionals and nurses.

Next steps

In the coming months, the National Health
Performance Authority will further develop and
report on other measures of health and access to
health services across Medicare Local catchments.

New information about health services in your area

The National Health Performance
Authority has released new information
on www.myhealthycommunities.gov.au
for each Medicare Local catchment, and
where possible, for more than 300 local
areas regarding:

- Potentially avoidable deaths
- Life expectancy at birth
- Seeing an allied health professional or nurse
- Specialist attendances.

The Authority has also released updated information for 2012–13 for many more measures of health services on www.myhealthycommunities.gov.au

Find out how your local area compares at www.myhealthycommunities.gov.au

Introduction

About this report

The National Health Performance Authority (the Authority) bases its performance reports on the indicators agreed by the Council of Australian Governments (COAG). This report focuses on two indicators, potentially avoidable deaths and life expectancy at birth.

The report provides information on measures broken down by Medicare Local catchments. The national network of Medicare Local organisations was established between 2011 and 2012 to improve the responsiveness, coordination and integration of local health services. For the first time the report shows variation across local areas not seen when reporting at national or state and territory level.

In order to assist local areas to target improvements in prevention and health care and improve health for all Australians, the report also includes profiles for each Medicare Local catchment using 18 measures of health, prevention, use of health services and experiences.

Four of these 18 measures have not previously been reported at the local level, including additional COAG indicators on specialist attendances and use of allied health professionals and nurses.

Importantly, the information in this report is from the period January 2009 to December 2011 (potentially avoidable deaths and life expectancy at birth) and June 2011 to July 2012 (all other measures). These periods partially or entirely pre-date the establishment of Medicare Locals. Accordingly, the findings do not reflect on the performance of Medicare Locals as organisations.

Instead, the information in this report aims to help clinicians, health managers, administrators and the public to see how rates of potentially avoidable deaths and estimates of life expectancy differ across the country.

Measuring the effectiveness of health systems

The rate of potentially avoidable deaths in a local area is intended to measure the effectiveness of prevention activities and health care services, delivered by local health systems, across primary health care, hospitals and other health-related settings. By comparison, life expectancy information is reported as a broad health outcome measure to provide context for local areas.

Potentially avoidable deaths are those that occur prematurely (before the age of 75) that potentially could have been avoided through better prevention or health care.

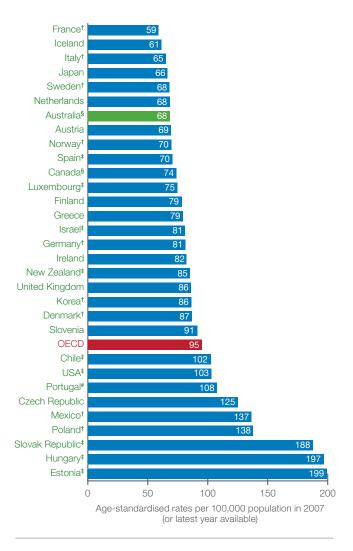
Potentially avoidable deaths include two subcategories: deaths caused by conditions or actions that might have been prevented and secondly, deaths caused by conditions that might been avoided given better treatment. For the purposes of this report, this first sub-category is referred to as 'potentially preventable deaths', and the second category is referred to as 'potentially treatable deaths'.

Potentially avoidable deaths include both preventable and treatable deaths.

 Potentially preventable deaths are those that are responsive to preventive health activities such as screening, good nutrition and healthy habits such as exercise Potentially treatable deaths are those that are responsive to medical services and therapeutic interventions such as surgery or medication.

These two categories are not mutually exclusive.

Figure 2: Amenable mortality* in 31 OECD countries, 2007 or last year available³



* The international definition of amenable mortality is most similar to 'potentially treatable deaths' in this report. More information can be found in this report's Technical Supplement.

2003 data for Portugal.

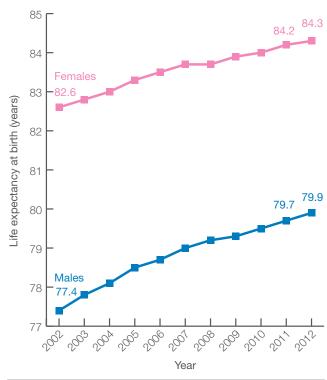
Source: WHO Mortality Database 2010, OECD calculations.

Some deaths could be avoided through both prevention and treatment (Figure 1, page iv). More information on the causes of potentially preventable and treatable deaths is provided in Table 1, page 4.

Australia rates highly in the prevention of potentially treatable deaths compared to similar countries² (Figure 2) and has demonstrated high rates of improvement among comparable countries.³

The other focus of this report, life expectancy at birth, is considered a reliable measure of the health of a population. It is an estimate of the average number of years a newborn baby is expected to live. This measure assumes that the average death rate at the time of the reporting period for the Medicare Local catchment in which a person usually resides, continues throughout the person's lifetime.

Figure 3: Life expectancy at birth for *males and females*, in Australia, 2002–2012



Source: Australian Bureau of Statistics. Deaths, Australia, 2012; ABS cat. no. 3302.0.

²⁰⁰⁶ data for France, Germany, Denmark, Korea, Italy, Mexico, Norway, Poland and Sweden.

²⁰⁰⁵ data for Spain, Hungary, Luxembourg, New Zealand, Slovak Republic and USA.

^{§ 2004} data for Australia and Canada.

Australia has one of the highest life expectancies at birth in the world and is ranked seventh after Switzerland, Japan, Italy, Spain, Iceland and France.¹

Over the last decade, from 2002 to 2012, the life expectancy of females in Australia has increased by 1.7 years, from 82.6 to 84.3 years, and by 2.5 years for males, from 77.4 to 79.9 years (Figure 3, page 2).

About the data

Information on potentially avoidable deaths and life expectancy at birth is from the Australian Bureau of Statistics. For both of these indicators deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.

Information for the health profiles for each Medicare Local catchment was calculated using:

- Australian Bureau of Statistics Life Tables 2009–2011
- Australian Bureau of Statistics Causes of Death 2009–2011
- Australian Bureau of Statistics Patient Experience Survey 2011–12
- Australian Bureau of Statistics Australian Health Survey 2011–13
- Medicare Benefits Schedule data 2011–12
- Australian Childhood Immunisation Register 2011–12
- Admitted Patient Care National Minimum Data Set for 2011–12.

Fair comparisons

To enable fairer comparisons, the Authority has allocated each Medicare Local catchment to one of seven peer groups, based on socioeconomic status, remoteness and distance to hospitals: three in metropolitan areas, two in regional areas, and two in rural areas.

Rates for potentially avoidable deaths have also been age-standardised to enable fair comparison of rates between populations with different age structures by removing the influence of age.

For further information see *Healthy Communities:*Avoidable deaths and life expectancies in
2009–2011, Technical Supplement at
www.myhealthycommunities.gov.au

More detailed information on differences in rates of **potentially avoidable deaths** across local areas, particularly those which are potentially preventable, between males and females is found on **pages 14** to 15.

More detailed information on differences in **life expectancy at birth** across local areas, particularly between males and females, is found on **pages 16 and 17**.

Local health profiles for all 61 Medicare Local catchments are found on pages 21 to 93.

Table 1: Average number of potentially treatable and preventable deaths per year by cause and sex in Australia, 2009-2011

	Males		Fem	Females		ons
	No.	%	No.	%	No.	%
TREATABLE DEATHS						
Ischaemic heart disease (I20-I25)*	2,086	30.0	630	10.7	2,715	21.1
Colorectal cancer (C18–C21)	1,193	17.1	778	13.2	1,971	15.3
Breast cancer (C50)	NA	NA	1,749	29.6	1,749	13.6
Cerebrovascular diseases (I60-I69)*	522	7.5	391	6.6	913	7.1
Melanoma of skin	573	8.2	264	4.5	837	6.5
Selected invasive bacterial and protozoal infections (A38–A41, A46, A48.1, B50–B54, G00, G03, J02.0, J13–J15, J18, L03)	396	5.7	291	4.9	687	5.3
Diabetes (E10-E14)*	389	5.6	233	3.9	622	4.8
Birth defects (H31.1, P00, P04, Q00-Q99)	319	4.6	266	4.5	585	4.5
Nephritis and nephrosis (I12, I13, N00-N07, N17-N19)	269	3.9	215	3.6	485	3.8
Bladder cancer (C67)	245	3.5	79	1.3	324	2.5
Complications of perinatal period (P03, P05–P95)	185	2.7	123	2.1	308	2.4
Epilepsy (G40, G41)	131	1.9	83	1.4	214	1.7
Uterus cancer (C54–C55)	NA	NA	193	3.3	193	1.5
Diseases of appendix, hernia, gallbladder, biliary tract and pancreas (K35–K38, K40–K46, K80–K83, K85, K86)	111	1.6	77	1.3	188	1.5
Lymphoid leukaemia – acute/chronic (C91.0, C91.1)	118	1.7	59	1.0	178	1.4
Cervix cancer (C53)	NA	NA	166	2.8	166	1.3
Non-melanocytic skin cancer (C44)	120	1.7	32	0.5	152	1.2
Hypertensive heart disease (I11)	75	1.1	40	0.7	115	0.9
Rheumatic and other valvular heart disease (I01–I09)	41	0.6	71	1.2	112	0.9
Peptic ulcer disease (K25–K28)	50	0.7	27	0.5	77	0.6
Other treatable	135	1.9	133	2.3	268	2.1
Total potentially treatable deaths	6,958	100	5,900	100	12,858	100
Total potentially treatable deaths	0,000	100	3,300	100	12,000	100
PREVENTABLE DEATHS						
Lung cancer (C33-C34)	2,673	19.0	1,729	27.1	4,403	21.5
Ischaemic heart disease (I20-I25)*	2,086	14.8	630	9.9	2,715	13.3
Suicide and self-inflicted injuries (X60-X84, Y87.0)	1,937	13.8	630	9.9	2,567	12.6
Chronic Obstructive Pulmonary Disease (J40-J44)	907	6.5	685	10.7	1,593	7.8
Road traffic injuries (V01–V04, V06, V09-V80, V87, V89, V99)	944	6.7	327	5.1	1,270	6.2
Alcohol-related diseases (F10, I42.6, K29.2, K70)	696	5.0	248	3.9	944	4.6
Accidental poisonings (X40–X49)	665	4.7	274	4.3	939	4.6
Cerebrovascular diseases (I60–I69)*	522	3.7	391	6.1	913	4.5
Liver cancer (C22)	593	4.2	206	3.2	798	3.9
Oesophagus cancer (C15)	548	3.9	136	2.1	684	3.3
Diabetes (E10-E14)*	389	2.8	233	3.6	622	3.0
Stomach cancer (C16)	385	2.7	173	2.7	558	2.7
Lip, oral cavity and pharynx cancer (C00–C14)	367	2.6	100	1.6	467	2.3
Aortic aneurysm (I71)	242	1.7	95	1.5	336	1.6
Falls (W00–W19)	232	1.7	84	1.3	316	1.5
Chronic liver disease (excl. alcohol-related disease; K73, K74)	169	1.2	70	1.1	238	1.2
Violence (X85–Y09, Y87.1)	151	1.1	73	1.1	224	1.1
Drownings (W65–W74)	137	1.0	37	0.6	174	0.9
Pulmonary embolism (I26)	71	0.5	67	1.0	138	0.9
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (I80.2)	58	0.5	58	0.9	116	0.7
Other preventable	286	2.0	139	2.2	425	2.1
·		100	6,384	100		100
Total potentially preventable deaths TOTAL POTENTIALLY AVOIDABLE DEATHS	14,053				20,438	
TOTAL POTENTIALLY AVOIDABLE DEATHS	21,011	NA	12,284	NA	33,295	NA

Deaths from ischaemic heart disease, cerebrovascular diseases and diabetes are distributed equally between preventable and treatable cases of death. Treatable deaths include all deaths which occurred between the ages of 0 and 74 years, except for deaths due to asthma which includes only those Notes:

deaths which occurred between the ages of 0 and 44 years. Preventable deaths include all deaths which occurred between the ages of 0 and 74 years, except for deaths due to childhood vaccine-preventable diseases which include only those deaths which occurred between the ages of 0 and 14 years, and Chronic Obstructive Pulmonary Disease which includes only those deaths which occurred between the ages of 45 to 74 years.

Totals may not equal the sum of rows, due to separate rounding of data values. **Source:** Australian Bureau of Statistics Causes of Death 2009–2011.

 $For more information see this report's {\it Technical Supplement at www.myhealthycommunities.gov.} au$

Key findings

During the three calendar years from 2009 to the end of 2011, over 33,000 Australians died prematurely each year on average from causes that might have been avoided through better prevention or medical treatment. These deaths accounted for two-thirds (66%) of all deaths before the age of 75.

Six causes accounted for just over 50% of all potentially avoidable deaths – ischaemic heart disease, lung cancer, suicide and self-inflicted injuries, bowel cancer, stroke and breast cancer.

Among these deaths, 20,438 deaths (61%) were potentially preventable through better health activities such as screening, good nutrition and healthy habits such as exercise, and 12,858 deaths (39%) could have potentially been avoided with medical care. More information on the causes of potentially preventable and treatable deaths is provided in **Table 1, page 4**.

Differences between Medicare Local catchments

Potentially avoidable deaths

During the three calendar years from 2009 to the end of 2011, the average age-standardised rate of potentially avoidable deaths each year was **more than three times higher** in some Medicare Local catchments compared to others, ranging from 96 deaths per 100,000 people on average per year in Inner East Melbourne to 316 deaths per 100,000 people in Central and North West Queensland **(pages 8 and 9)**.

Rates of potentially avoidable deaths in rural lower-income communities (Rural 2 peer group) were more than twice as high as wealthier inner-city suburbs (Metro 1 peer group) (Table 2, page 7).

However, there were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances.

- Across metropolitan areas, the agestandardised rate of potentially avoidable deaths was 32% higher in the lower-income urban catchments (Metro 3 peer group, 152 deaths per 100,000 people) compared to the wealthiest inner-city catchments (Metro 1, 115 deaths per 100,000 people)
- Across regional areas, the age-standardised rate of potentially avoidable deaths was 9% higher in the lower-income catchments (Regional 2 peer group, 171 deaths per 100,000 people) compared to the wealthier catchments (Regional 1, 157 deaths per 100,000 people)
- Across rural areas, the age-standardised rate of potentially avoidable deaths was 30% higher in the Rural 2 peer group (244 deaths per 100,000 people) compared to Rural 1 (187 deaths per 100,000 people).

There were also large differences in rates of potentially avoidable deaths between males and females, particularly those deaths that are potentially preventable (pages 14 and 15).

Potentially avoidable deaths include both preventable and treatable deaths.

Potentially preventable deaths

Potentially preventable deaths are those that occur prematurely that might have been avoided through better health activities such as screening, good nutrition and healthy habits such as exercise.

The age-standardised rate of potentially preventable deaths was almost four times higher in some Medicare Local catchments compared to others, ranging from 53 deaths per 100,000 people on average per year in Northern Sydney to 206 deaths per 100,000 people in Central and North West Queensland (pages 10 and 11).

Yet there were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances.

- Across metropolitan areas, the agestandardised rate of potentially preventable deaths was 33% higher in the lower-income urban catchments (Metro 3 peer group, 92 deaths per 100,000 people) compared to the wealthiest inner-city catchments (Metro 1, 69 deaths per 100,000 people)
- Across regional areas, the age-standardised rate of potentially preventable deaths was
 12% higher in the lower-income catchments (Regional 2 peer group, 109 deaths per 100,000 people) compared to the wealthier catchments (Regional 1, 97 deaths per 100,000 people)
- Across rural areas, the age-standardised rate of potentially preventable deaths was 33% higher in the Rural 2 peer group (156 deaths per 100,000 people) compared to Rural 1 (117 deaths per 100,000 people).

Potentially treatable deaths

Potentially treatable deaths are a particular focus of this report because they closely reflect how well local medical systems are performing.

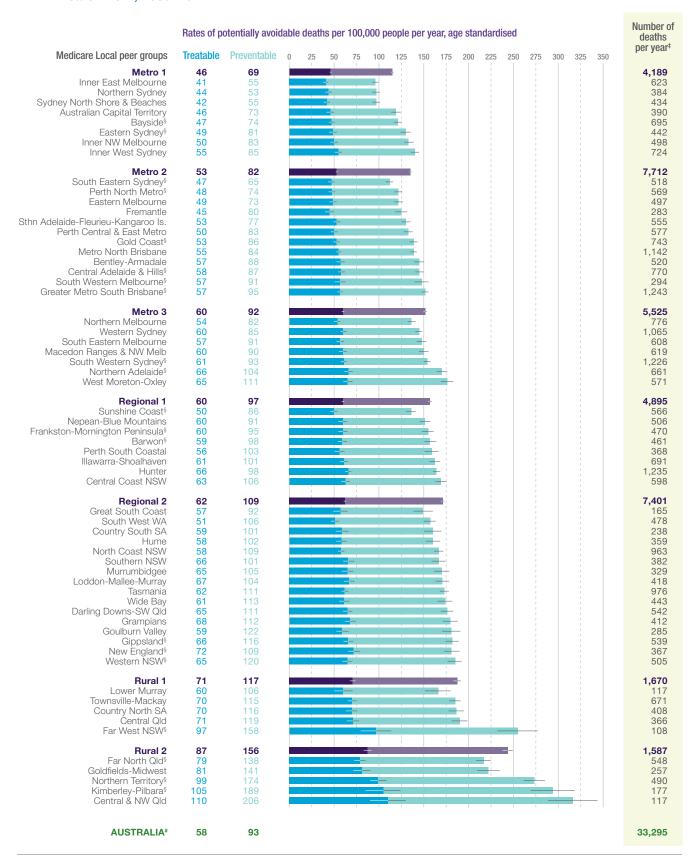
Potentially treatable deaths are those that occur prematurely that might have been avoided through better medical services and therapeutic interventions, such as surgery or medication.

The age-standardised rate of potentially treatable deaths was almost three times higher in some Medicare Local catchments compared to others, ranging from 41 deaths per 100,000 people on average per year in Inner East Melbourne to 110 deaths per 100,000 people in Central and North West Queensland (pages 12 and 13).

Yet there were differences across similar Medicare Local catchments even after accounting for broad geographic and socioeconomic circumstances.

- Across metropolitan areas, the agestandardised rate of potentially treatable deaths was 30% higher in the lower-income urban catchments (Metro 3 peer group, 60 deaths per 100,000 people) compared to the wealthiest inner-city catchments (Metro 1, 46 deaths per 100,000 people)
- Across regional areas, the age-standardised rate of potentially treatable deaths was
 3% higher in the lower-income catchments
 (Regional 2 peer group, 62 deaths per 100,000 people) compared to the wealthier catchments
 (Regional 1, 60 deaths per 100,000 people)
- Across rural areas, the age-standardised rate of potentially treatable deaths was 23% higher in the Rural 2 peer group (87 deaths per 100,000 people) compared to Rural 1 (71 deaths per 100,000 people).

Table 2: Potentially avoidable deaths*, treatable and preventable, age-standardised†, by Medicare Local catchment, 2009-2011



^{95%} confidence interval.

Sources: Australian Bureau of Statistics Causes of Death 2009–2011 and Australian Bureau of Statistics Estimated Resident Population 2009–2011.

Potentially avoidable deaths are deaths before the age of 75 that are preventable and/or treatable within Australian health and social systems.

Age standardised to the total Australian population as at 30 June 2001.

The number of deaths may vary across Medicare Local catchments with similar rates due to differences in the size of Medicare Local populations. Ş

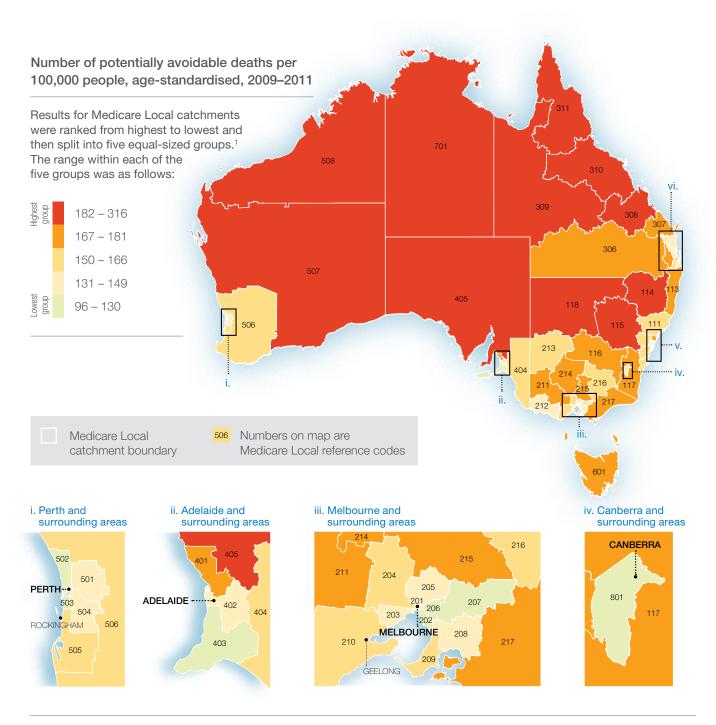
Due to separate rounding of data values, the total of treatable and preventable does not match the published value for potentially avoidable deaths.

Australia total includes deaths not attributable to Medicare Local catchments where place of usual residence is unknown.

Potentially avoidable deaths

Years of data: 2009-2011

During 2009–2011, the average number of age-standardised potentially avoidable deaths varied across Medicare Local catchments and across peer groups, ranging from 96 to 316 deaths per 100,000 people.



Each Medicare Local has been assigned to a quintile group.

For more information on peer groups and the calculation of peer group results refer to this report's Technical Supplement.

- Notes:
- Deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.
 Potentially avoidable deaths are deaths before the age of 75 that are preventable and/or treatable within Australian health and social systems.
 - Age standardisation allows fairer comparisons between Medicare Local catchments by accounting for age variation in their populations. Age-standardised data should only be used for comparison purposes

Sources: Australian Bureau of Statistics Causes of Death 2009–2011 and Australian Bureau of Statistics Estimated Resident Population 2009–2011. Data can be downloaded from www.myhealthycommunities.gov.au

Fair comparisons

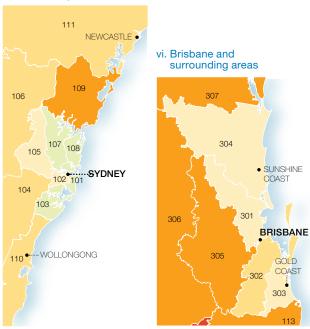


To compare Medicare Locals more fairly, each Medicare Local catchment has been grouped into one of seven peer groups², based on remoteness and socioeconomic status. This allows:

- Medicare Local catchments to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Local catchments to be compared with the average for their peer group.

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Sydney and surrounding areas



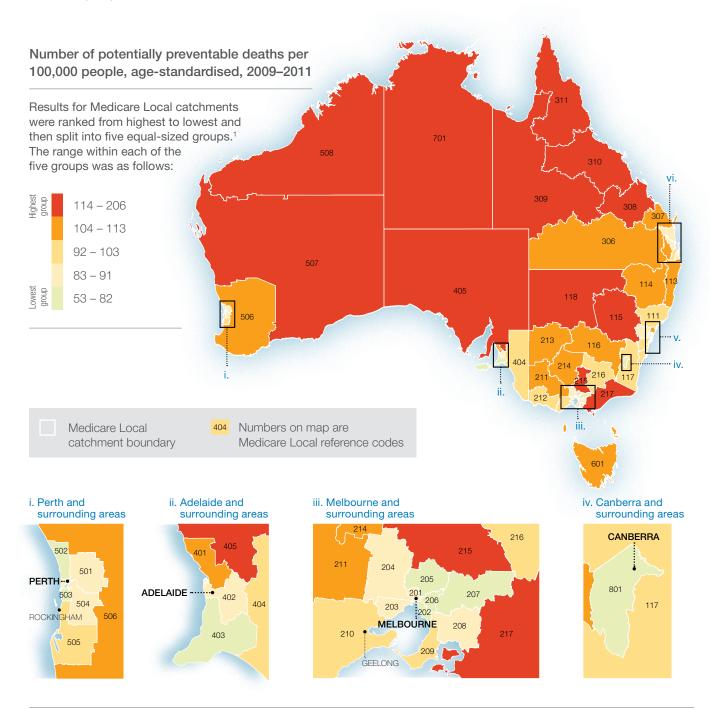
95% confidence interval – not shown if <15 More information can be found at www.myhealthycommunities.gov.au and in this report's Technical Supplement.



Potentially preventable deaths

Years of data: 2009-2011

During 2009–2011, the average number of age-standardised potentially preventable deaths varied across Medicare Local catchments and across peer groups, ranging from 53 to 206 deaths per 100,000 people.



- Each Medicare Local has been assigned to a guintile group.
- For more information on peer groups and the calculation of peer group results refer to this report's Technical Supplement.
- Notes:
 - Deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.
 Potentially preventable deaths are deaths before the age of 75 that are responsive to preventive health activities such as screening and primary prevention.
 - Age standardisation allows fairer comparisons between Medicare Local catchments by accounting for age variation in their populations. Age-standardised data should only be used for comparison purposes

Sources: Australian Bureau of Statistics Causes of Death 2009–2011 and Australian Bureau of Statistics Estimated Resident Population 2009–2011. Data can be downloaded from www.myhealthycommunities.gov.au

Fair comparisons



To compare Medicare Locals more fairly, each Medicare Local catchment has been grouped into one of seven peer groups², based on remoteness and socioeconomic status.

This allows:

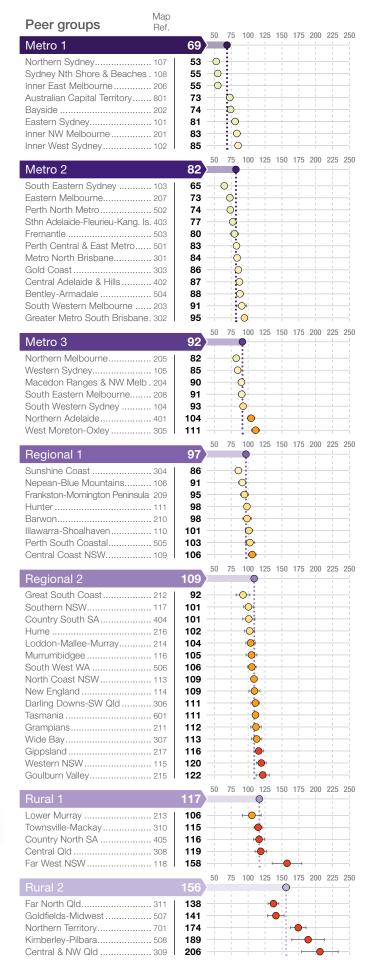
- Medicare Local catchments to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Local catchments to be compared with the average for their peer group.

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Sydney and surrounding areas



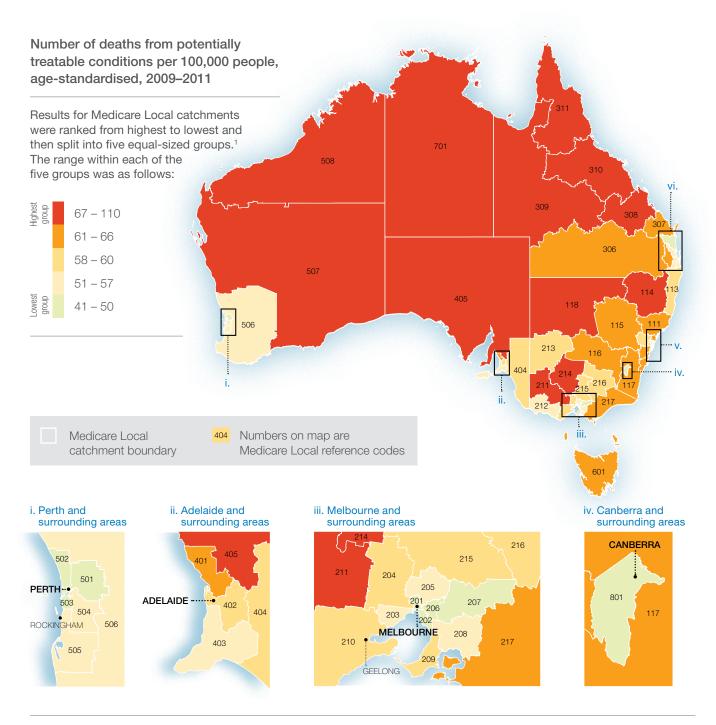
95% confidence interval – not shown if <12 More information can be found at www.myhealthycommunities.gov.au and in this report's Technical Supplement.



Deaths from potentially treatable conditions

Years of data: 2009-2011

During 2009–2011, the average number of deaths from potentially treatable conditions varied across Medicare Local catchments and across peer groups, ranging from 41 to 110 deaths per 100,000 people.



^{1.} Each Medicare Local has been assigned to a quintile group.

2. For more information on peer groups and the calculation of peer group results refer to this report's Technical Supplement.

- Deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.
- Deaths from potentially treatable conditions are those before the age of 75 responsive to therapeutic interventions, such as surgery or medication, and reflect the safety and quality of the current treatment system.
- Age standardisation allows fairer comparisons between Medicare Local catchments by accounting for age variation in their populations. Age-standardised data should only be used for comparison purposes.

Sources: Australian Bureau of Statistics Causes of Death 2009–2011 and Australian Bureau of Statistics Estimated Resident Population 2009–2011. Data can be downloaded from www.myhealthycommunities.gov.au

Notes:

Fair comparisons

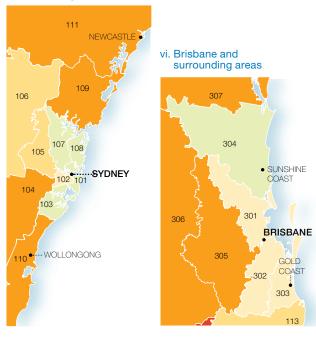


To compare Medicare Locals more fairly, each Medicare Local catchment has been grouped into one of seven peer groups², based on remoteness and socioeconomic status. This allows:

- Medicare Local catchments to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Local catchments to be compared with the average for their peer group.

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Sydney and surrounding areas



→ 95% confidence interval – not shown if <5 More information can be found at www.myhealthycommunities.gov.au and in this report's Technical Supplement.

Peer groups	Map		
Metro 1	Ref.	46	40 50 60 70 80 90 100 110 120 130
		/	
Inner East Melbourne		41	
Sydney Nth Shore & Beaches		42	
Northern Sydney		44	· ·
Australian Capital Territory		46	
Bayside		47 49	
Eastern SydneyInner NW Melbourne		50	
		55	
Inner West Sydney	. 102	- 55	40 50 60 70 80 90 100 110 120 130
Metro 2		53	
Fremantle		45	101
South Eastern Sydney		47	
Perth North Metro		48	
Eastern Melbourne		49	
Perth Central & East Metro		50	
Gold Coast		53	•
Sthn Adelaide-Fleurieu-Kang. Is	. 403	53	
Metro North Brisbane		55	
Greater Metro South Brisbane	. 302	57	0
South Western Melbourne	. 203	57	
Bentley-Armadale	. 504	57	
Central Adelaide & Hills	. 402	58	
Metro 3		60	40 50 60 70 80 90 100 110 120 130
Northern Melbourne	. 205	54	
South Eastern Melbourne		57	
Macedon Ranges & NW Melb		60	
Western Sydney		60	
South Western Sydney		61	
West Moreton-Oxley		65	
Northern Adelaide		66	
TVOTETOTT / Addiated	. 401		40 50 60 70 80 90 100 110 120 130
Regional 1		60	
Sunshine Coast	. 304	50	
Perth South Coastal	. 505	56	
Barwon	. 210	59	
Nepean-Blue Mountains	. 106	60	
Frankston-Mornington Peninsula	209	60	
Illawarra-Shoalhaven	. 110	61	<u> </u>
Central Coast NSW	. 109	63	
Hunter	. 111	66	
Regional 2		62	40 50 60 70 80 90 100 110 120 130
South West WA	. 506	51	
Great South Coast	. 212	57	
North Coast NSW	. 113	58	
Hume	. 216	58	
Country South SA	. 404	59	
Goulburn Valley		59	
Wide Bay		61	
Tasmania		62	
Western NSW		65	
Murrumbidgee		65	
Darling Downs-SW Qld		65	
Gippsland		66	
Southern NSW		66	
Loddon-Mallee-Murray		67	
		68	
Grampians New England		72	
_		74	40 50 60 70 80 90 100 110 120 130
Rural 1	010	71	
Lower Murray		60	
Country North SA		70	
Townsville-Mackay		70	
Central Qld Far West NSW		71 97	
Tai West Now	. 110	91	40 50 60 70 80 90 100 110 120 130
Rural 2		87	+Q+
Far North Qld	. 311	79	
Goldfields-Midwest	. 507	81	
Northern Territory	. 701	99	
Kimberley-Pilbara		105	
Central & NW Qld		110	

Potentially avoidable deaths: differences between males and females

Across all Medicare Local catchments, there were large differences in rates of potentially avoidable deaths between males and females (Table 3, page 15).

- For males, rates of potentially avoidable deaths were three times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 114 deaths per 100,000 people on average per year in Sydney North Shore and Beaches to 361 deaths per 100,000 people in Central and North West Queensland
- For females, rates of potentially avoidable deaths were almost four times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 72 deaths per 100,000 people on average per year in Inner East Melbourne to 264 deaths per 100,000 people in Central and North West Queensland.

Most of these differences between males and females were due to potentially preventable conditions. During the three calendar years from 2009 to the end of 2011, two-thirds (67%) of all potentially avoidable deaths in males were from potentially preventable causes. In comparison, 52% of potentially avoidable deaths in females were from potentially preventable causes.

Potentially preventable deaths across Medicare Local catchments

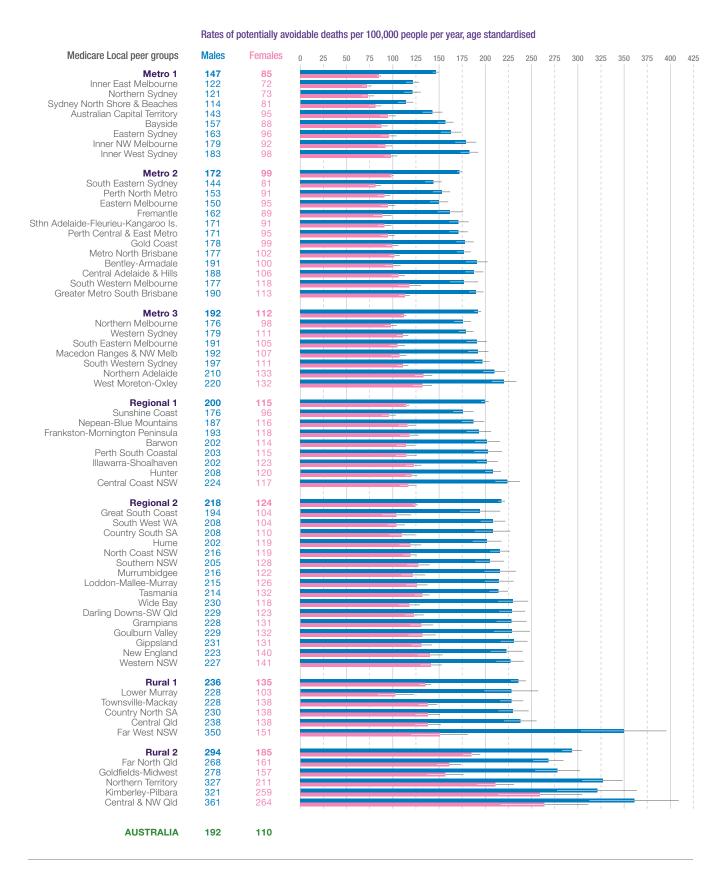
- For males, rates were more than three times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 73 deaths per 100,000 people on average per year in Sydney North Shore and Beaches to 253 deaths per 100,000 people in Central and North West Queensland
- For females, rates were five times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 32 deaths per 100,000 people on average per year in Northern Sydney to 151 deaths per 100,000 people in Central and North West Queensland.

Potentially treatable deaths across Medicare Local catchments

- For males, rates were three times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 41 deaths per 100,000 people on average per year in Sydney North Shore and Beaches to 120 deaths per 100,000 people in Far West NSW
- For **females**, rates were three times higher in the Medicare Local catchment with the highest rate, compared to the Medicare Local with the lowest rate. The rates ranged from 39 deaths per 100,000 people on average per year in Inner East Melbourne to 121 deaths per 100,000 people in Kimberley-Pilbara.

More information on the causes of potentially avoidable, preventable and treatable deaths for males and females is provided in **Table 1**, page 4.

Table 3: Potentially avoidable deaths* for males and females, age-standardised†, by Medicare Local catchment, 2009–2011



^{95%} confidence interval.

Source: Australian Bureau of Statistics Causes of Death 2009–2011 and Australian Bureau of Statistics Estimated Resident Population 2009–2011.

^{*} Potentially avoidable deaths are deaths before the age of 75 that are preventable and/or treatable within Australian health and social systems.

Age standardised to the total Australian population as at 30 June 2001.

Life expectancy at birth

Life expectancy at birth is an estimate of the average number of years a newborn baby is expected to live, assuming the average death rates at the time of the reporting period for the Medicare Local catchment in which they live continues throughout their lifetime.

During the three calendar years from 2009 to the end of 2011, life expectancy at birth varied across Medicare Local catchments ranging from 84.6 years in Northern Sydney to 76.1 years in Central and North West Queensland, a difference of 8.5 years in life expectancy.

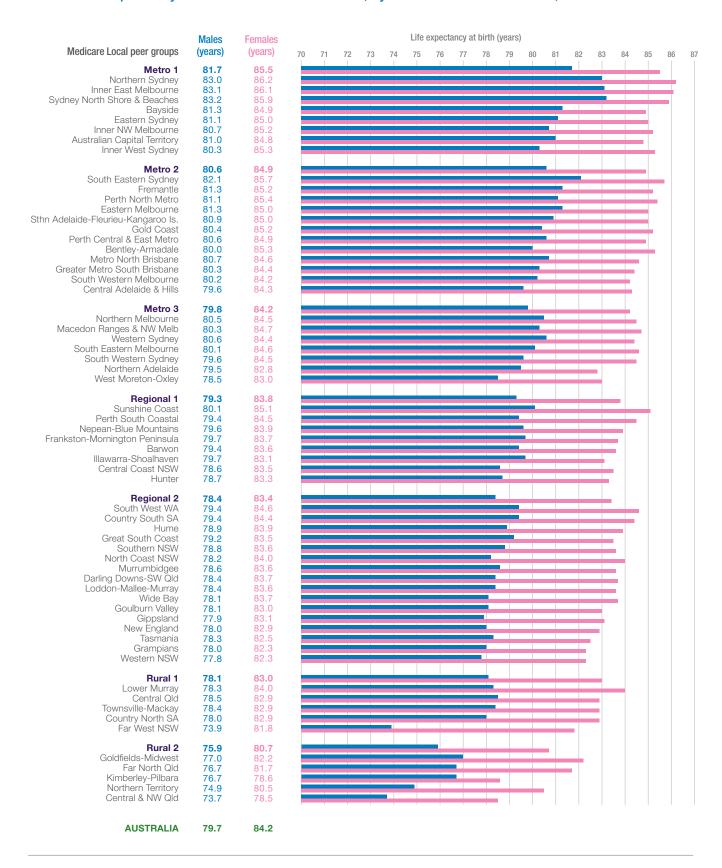
- For males, life expectancy at birth ranged across Medicare Local catchments from 83.2 years in Sydney North Shore and Beaches to 73.7 years in Central and North West Queensland, a difference of 9.5 years
- For females, life expectancy at birth ranged across Medicare Local catchments from 86.2 years in Northern Sydney to 78.5 years in Central and North West Queensland, a difference of 7.7 years.

Yet there were differences across similar Medicare Local catchments even after accounting for broad geographic and demographic circumstances.

Across metropolitan areas, life expectancy was 81.7 years for males and 85.5 for females in the wealthiest inner-city catchments (Metro 1 peer group), which is 1.9 years higher for males and 1.3 years higher for females when compared to life expectancy in lower-income urban catchments (Metro 3)

- Across regional areas, life expectancy was 79.3 years for males and 83.8 for females in the wealthier catchments (Regional 1 peer group), which is 0.9 years higher for males and 0.4 years higher for females when compared to life expectancy in lower-income regional catchments (Regional 2)
- Across rural areas, life expectancy was 78.1 years for males and 83.0 for females in the Rural 1 peer group, which is 2.2 years higher for males and 2.3 years higher for females when compared to life expectancy in the Rural 2 peer group (Table 4, page 17 and on pages 18 and 19).

Table 4: Life expectancy at birth for males and females, by Medicare Local catchment, 2009–2011



Notes: • Life expectancy at birth is the number of years of life that a person is expected to live at the time they are born. The measure assumes the age- and sex-specific death rate that applied to the Medicare Local catchment when the person was born continues throughout their lifetime.

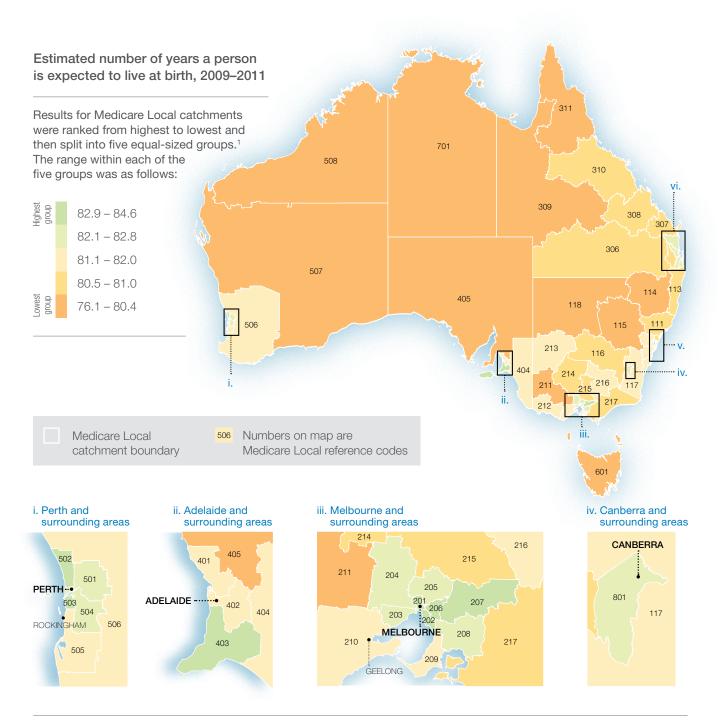
Source: Australian Bureau of Statistics Life Tables 2009–2011.

[•] To calculate death rates for life expectancy at birth, deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.

Life expectancy at birth

Years of data: 2009-2011

The number of years that a person born between 2009 and 2011 inclusive was expected to live varied across Medicare Local catchments and across peer groups, ranging from 76.1 to 84.6 years.



Each Medicare Local has been assigned to a quintile group.

2. For more information on peer groups and the calculation of peer group results refer to this report's Technical Supplement.

Notes: • Life expectancy at birth is the number of years of life that a person is expected to live at the time they are born. The measure assumes the age- and sex-specific death rate that applied to the Medicare Local catchment when the person was born continues throughout their lifetime.

• To calculate death rates for life expectancy at birth, deaths are attributed to the Medicare Local catchment in which a person usually resided, irrespective of where the person died.

Source: Australian Bureau of Statistics Life Tables 2009–2011.

Data can be downloaded from www.myhealthycommunities.gov.au

Fair comparisons



To compare Medicare Locals more fairly, each Medicare Local catchment has been grouped into one of seven peer groups², based on remoteness and socioeconomic status. This allows:

- Medicare Local catchments to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Local catchments to be compared with the average for their peer group.

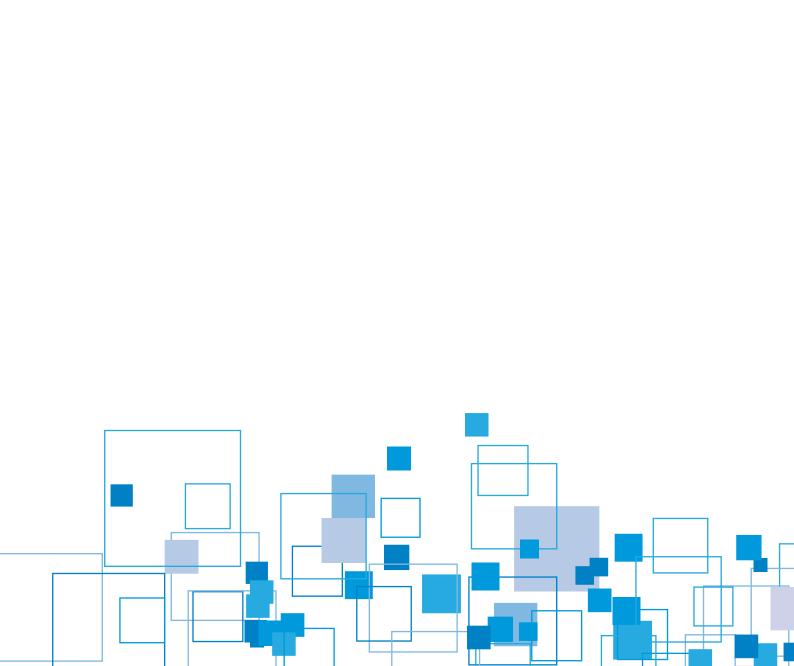
It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Sydney and surrounding areas



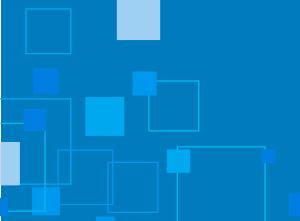
More information can be found at www.myhealthycommunities.gov.au and in this report's Technical Supplement.

	Map Ref.											
Metro 1	1101.	83.6	76	77	78	79	80	81	82	83	84	85
Northern Sydney	107	84.6	1	i	i	i	1	1	1	1		
Inner East Melbourne	206	84.5	÷	÷	÷	÷	÷	÷	÷	÷		0
Sydney Nth Shore & Beaches .		84.5 83.1	\pm				1			0	•	
Bayside Eastern Sydney		83.0	1	-	-	-	-	-	1	0		
Inner NW Melbourne	201	82.9	+	+	+	+	+	+	+	0		-
Australian Capital Territory Inner West Sydney		82.8 82.8	İ	1	1	t	1	1	+	0		
inner west Sydney	102	02.0	76	77	78	79	80	81	82	83	84	85
Metro 2		82.7						-	Ť	•		
South Eastern Sydney		83.9	+	1	-	+	÷	÷	+		0	-
Fremantle Perth North Metro		83.2 83.2								0		
Eastern Melbourne		83.1	+	-	-	-	+	-	+	Ö	+	_
Sthn Adelaide-Fleurieu-Kang. Is.		82.9	+			+	t	+	+	Ö	÷	
Gold Coast Perth Central & East Metro		82.7 82.7	I							0		
Bentley-Armadale	504	82.6	÷	+	+	÷	÷	÷		j.		
Metro North Brisbane		82.6 82.3	÷			İ	Ť	Ť			Ť	
South Western Melbourne		82.1					1		0			
Central Adelaide & Hills	402	81.9	÷	i	i	÷	÷	÷	0		÷	
Metro 3		82.0	76	77	78	79	80	81	82	83	84	85
Northern Melbourne	205	82.5					1	1		-	-	_
Macedon Ranges & NW Melb.		82.5	+	-	-	+				-		
Western Sydney		82.4	-				+	+			+	-
South Eastern Melbourne South Western Sydney		82.3 82.0	I						0			
Northern Adelaide		81.1	+	-	-	+	+	0	Ť			
West Moreton-Oxley	305	80.7	+	+	+	+	+	<u>-</u>	+	+	+	
Regional 1		81.5	76	77	78	79	80	81	82	83	84	85
Sunshine Coast	304	82.5	+	-	-	-	+	+		÷		
Perth South Coastal		81.9	+		-	+	÷	÷	0	t	t	-
Nepean-Blue Mountains Frankston-Mornington Peninsula		81.7 81.7	I						0	1		
Barwon	210	81.4	÷	+	+	÷	÷			÷	÷	_
Illawarra-Shoalhaven Central Coast NSW		81.3 81.0	İ			İ	Ť			İ	Ť	
Hunter		80.9	-	-	-	-	+	0		1	1	
Davisasio		00.0	76	77	78	79	80	81	82	83	84	85
Regional 2	500	80.8	}	i								
South West WA Country South SA	404	81.9 81.8	1	1		1	1		0	1	1	
Hume		81.4	+	+	+	-	+		+	+	+	-
Great South Coast		81.3 81.1	+				+	0		+	1	_
North Coast NSW		81.0	1	-	-	-	-	0		1	1	
Murrumbidgee		81.0	+	-	-	-	+	0	+	+	+	_
Darling Downs-SW Qld Loddon-Mallee-Murray		81.0 81.0	İ					0				
Wide Bay		80.8	+	-	-	-	+	Ŏ	-	-	-	
Goulburn Valley		80.5	÷	÷	÷	÷)	÷	÷	÷	-
Gippsland New England		80.5 80.4	Ŧ	-	i	-			-	1	1	
Tasmania		80.3	+	+	+	+	_	•	+	+	+	_
Grampians Western NSW		80.1 80.0	+				0		+	1	1	
vvesterii Novv	115		76	77	78	79	80	81	82	83	84	85
Rural 1		80.5							Ŧ	+		
Lower Murray		81.1	+	1				0				
Central Qld Townsville-Mackay		80.6 80.6										
Country North SA	405	80.4	+	-	-	-		<u> </u>	+	+	+	_
Far West NSW	118	77.8	+	-	<u>-</u> -	+	+	•	+	+	1	-
Rural 2		78.2	76	77	78	79	80	81	82	83	84	85
Goldfields-Midwest	507	79.5	1	1	10	-	÷	-	1	1	1	4
Far North Qld	311	79.1	+	-	1	0	+	+	+	+	+	-
Kimberley-Pilbara Northern Territory		77.6 77.6					i		i	i	1	
Central & NW Qld		76.1	-	+	10	-	+	+	+	+	+	-



Medicare Local health profiles

Avoidable deaths and life expectancies in 2009-2011



Medicare Local health profiles

In order to assist local areas to target improvements in prevention and health services and improve health for all Australians, this report includes profiles for Medicare Local catchments using 18 measures of health, prevention, use of health services and experiences, comprising:

- 1. Potentially avoidable deaths*
- 2. Life expectancy at birth*†
- 3. Adults who are overweight or obese[‡]
- 4. Adults who are obese[‡]
- 5. Adults who smoke daily[‡]
- 6. Immunisation for 1 year old children§
- 7. Immunisation for 5 year old children§
- 8. GP attendances#
- 9. Specialist attendances#
- People who saw an allied health professional or nurse[‡]
- 11. Adults who visit hospital EDs
- 12. Adults admitted to hospital
- 13. Potentially avoidable hospitalisations**
- 14. Waiting times for GP appointments
- 15. Waiting times for medical specialists
- 16. Cost barriers to GP care
- 17. Cost barriers to prescribed medication
- 18. Cost barriers to seeing a medical specialist^{II}

Four of these 18 indicators have not previously been reported at the local level, including COAG indicators in relation to potentially avoidable deaths, life expectancy at birth, specialist attendances and use of allied health professionals and nurses.

*	Australian Bureau of Statistics Causes of Death 2009–2011
†	Australian Bureau of Statistics Life Tables 2009–2011
‡	Australian Bureau of Statistics Australian Health Survey 2011–13
§	Australian Childhood Immunisation Register 2011–12
#	Medicare Benefits Schedule data 2011–12
II	Australian Bureau of Statistics Patient Experience Survey 2011-
**	Admitted Patient Care National Minimum Data Set for 2011–12

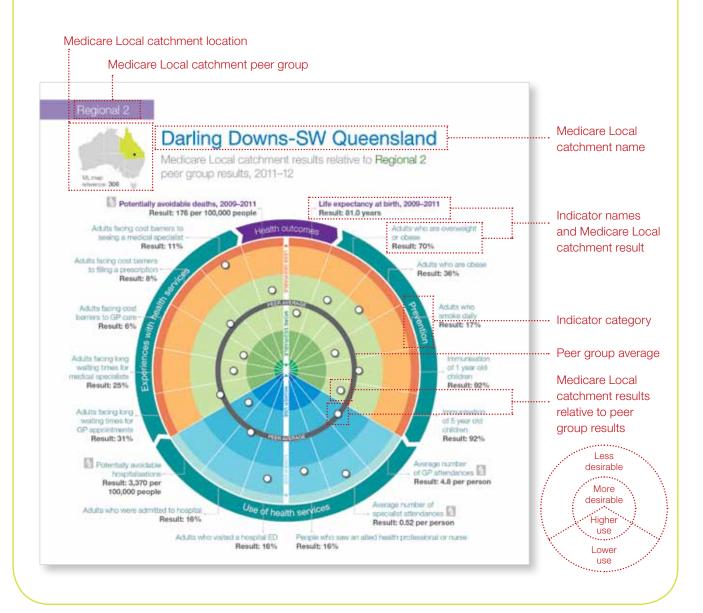
Medicare Local health profile index	page
Metro 1 Australian Capital Territory	
Eastern Sydney Inner East Melbourne Inner NW Melbourne	26
Inner West Sydney Northern Sydney. Sydney North Shore & Beaches	30
Metro 2 Bentley-Armadale	33
Central Adelaide & Hills	34
Fremantle	37
Metro North Brisbane Perth Central & East Metro. Perth North Metro.	40
South Eastern Sydney	42
Sthn Adelaide-Fleurieu-Kangaroo Is.	44
Metro 3 Macedon Ranges & NW Melbourne	
Northern Melbourne. South Eastern Melbourne.	49
South Western Sydney	52
Regional 1	
Barwon	56
Frankston-Mornington Peninsula	58
Illawarra-Shoalhaven Nepean-Blue Mountains Perth South Coastal	60
Sunshine Coast.	
Regional 2 Country South SA.	64
Darling Downs-SW Queensland	65
Goulburn Valley	
Grampians	69
Hume. Loddon-Mallee-Murray Murrumbidgee.	71
New England North Coast NSW.	73
South West WA	76
Tasmania Western NSW Wide Bay	78
Rural 1	70
Central Queensland	
Far West NSW	85
Townsville-Mackay	86
Rural 2 Central & NW Queensland	
Far North Queensland Goldfields-Midwest Kimberley-Pilbara	90
Northern Territory	

Box 1: How to read the Medicare Local health profiles

The 18 measures for each of the 61 Medicare Local catchments are grouped into four categories – health outcomes, prevention, use of health services and experiences with health services. Within each of these categories a different 'slice' of the chart gives results for a specific measure.

Individual Medicare Local results for each measure are represented by a white dot, placed relative to the average result of other similar Medicare Local catchments, represented by a grey circle. The closer each dot is to the centre of the chart (green), the more desirable the result. The further away a dot is from the middle of the chart, the less desirable the result (orange). The dots in the blue section at the bottom of the chart are results for measures of health service use, which have not been interpreted as more or less desirable but as higher and lower use.

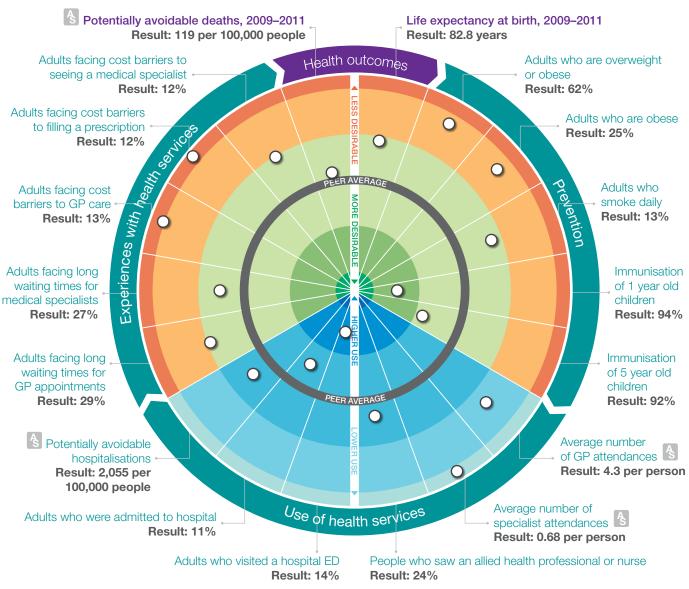
Each health profile also provides summary statistics for the Medicare Local catchment in the grey box at the bottom of the page and a legend to help interpret the chart.

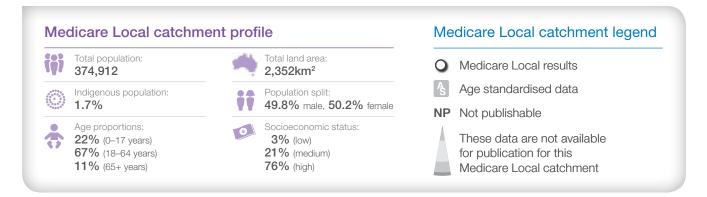




Australian Capital Territory

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

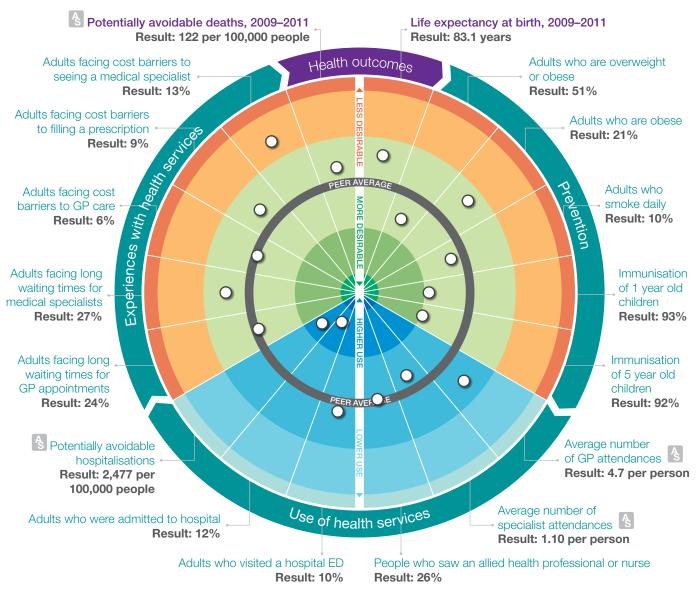
Source: Data sources for each of the measures are listed on page 22.

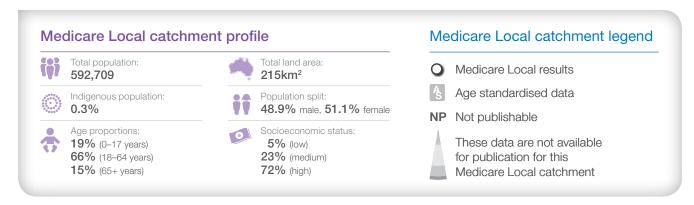
For more information, refer to this report's Technical Supplement at www.myhealthycommunities.gov.au



Bayside

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





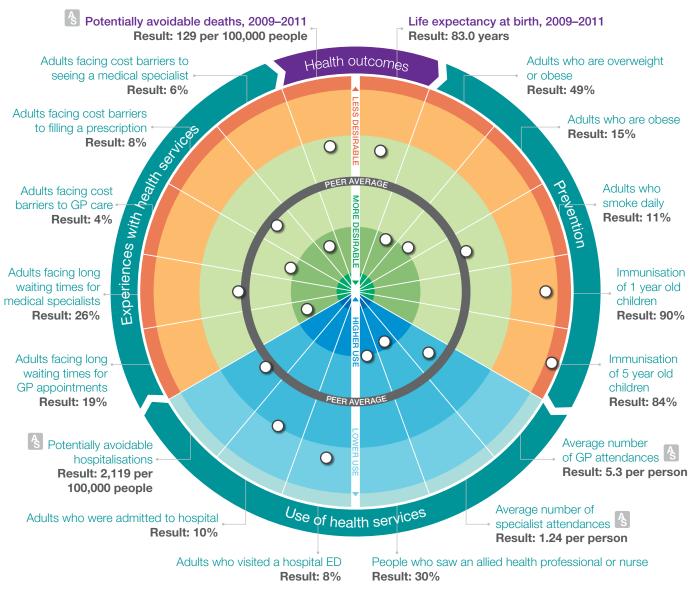
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

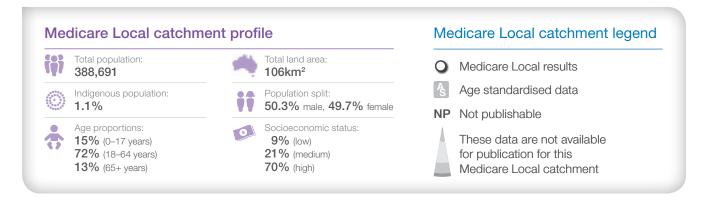
Source: Data sources for each of the measures are listed on page 22.



Eastern Sydney

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

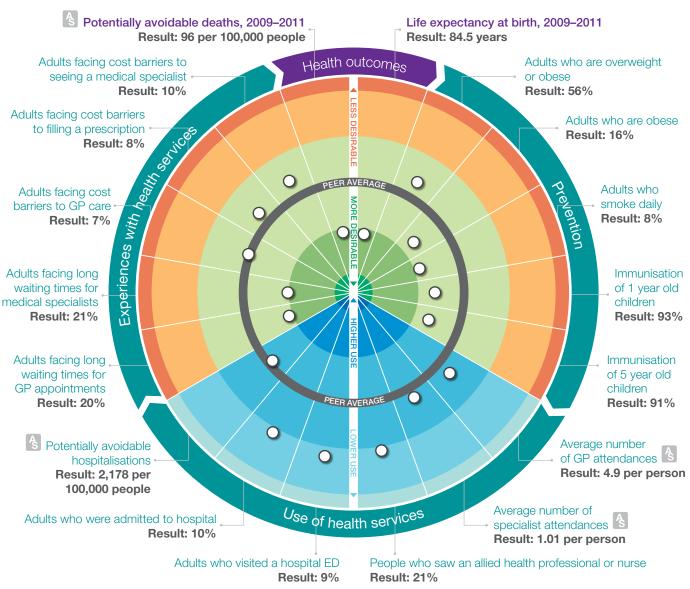
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

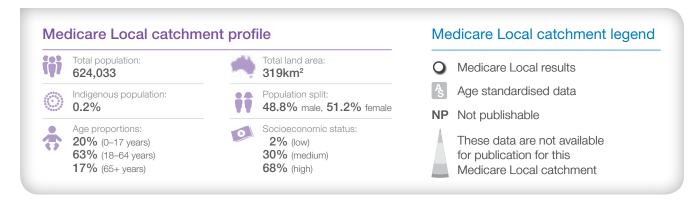
Source: Data sources for each of the measures are listed on page 22.



Inner East Melbourne

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

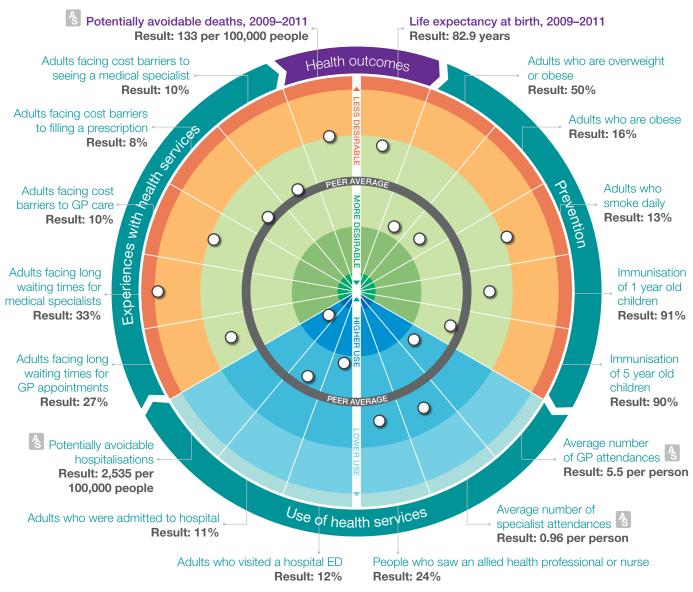
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

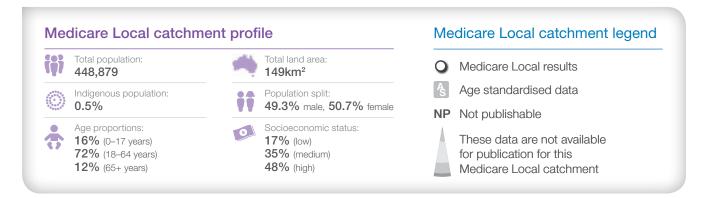
Source: Data sources for each of the measures are listed on page 22.



Inner NW Melbourne

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

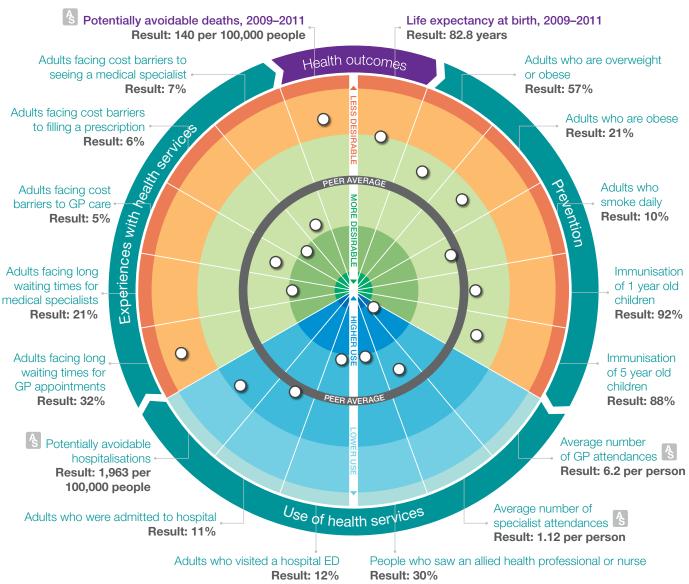
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

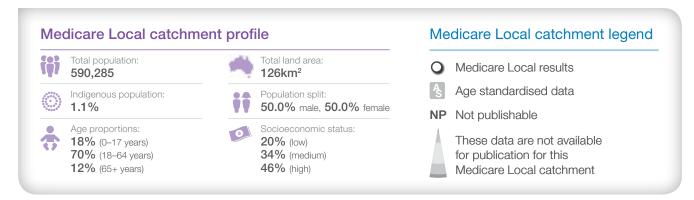
Source: Data sources for each of the measures are listed on page 22.



Inner West Sydney

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





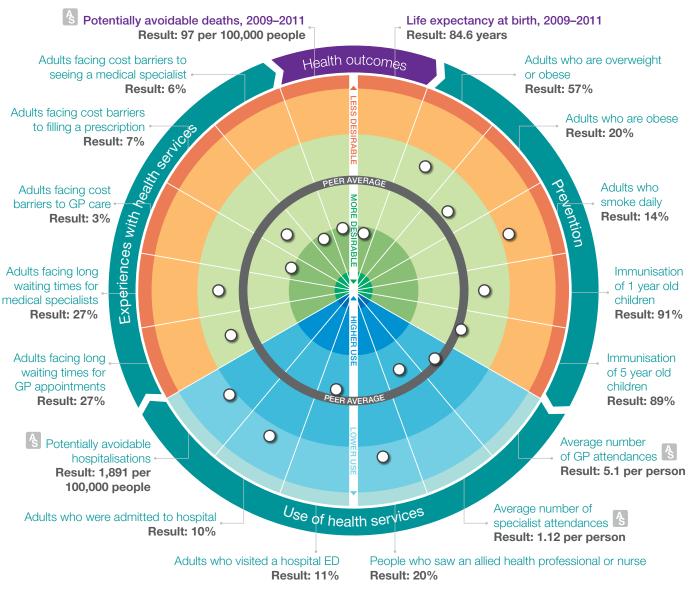
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

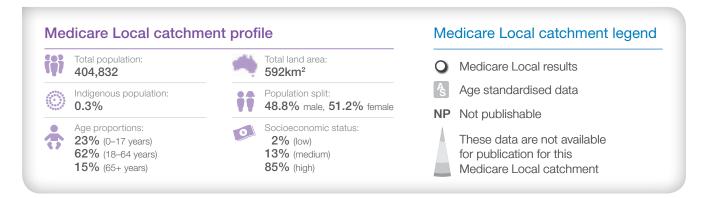
Source: Data sources for each of the measures are listed on page 22. For more information, refer to this report's Technical Supplement at www.myhealthycommunities.gov.au



Northern Sydney

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

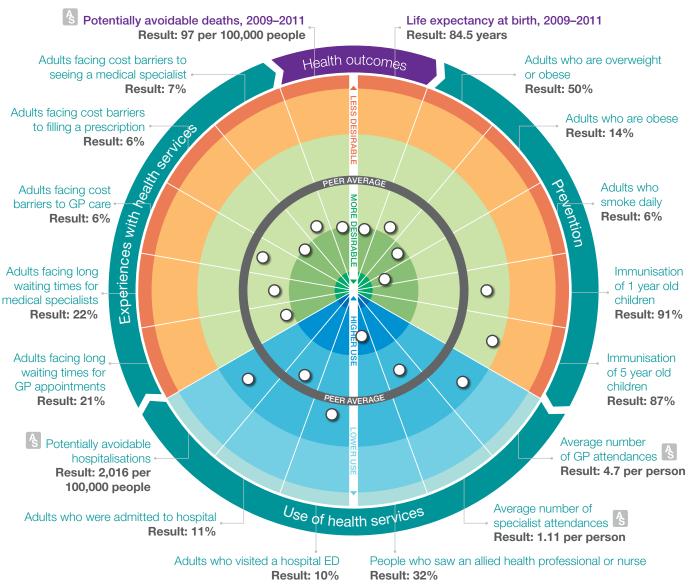
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

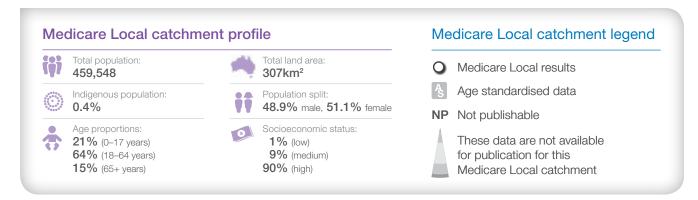
Source: Data sources for each of the measures are listed on page 22.



Sydney North Shore & Beaches

Medicare Local catchment results relative to Metro 1 peer group results, 2011–12





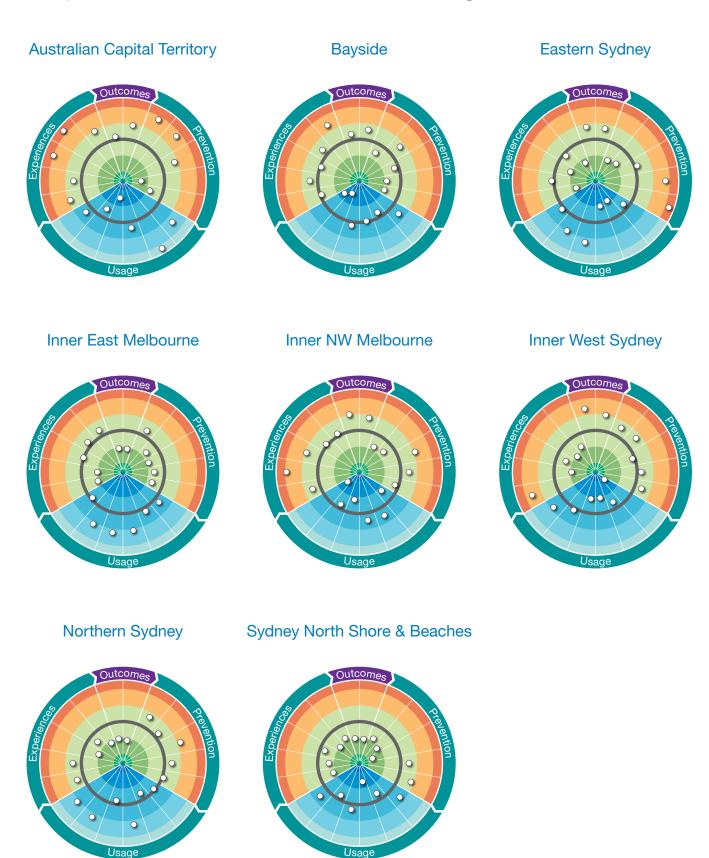
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

Metro 1 peer group overview

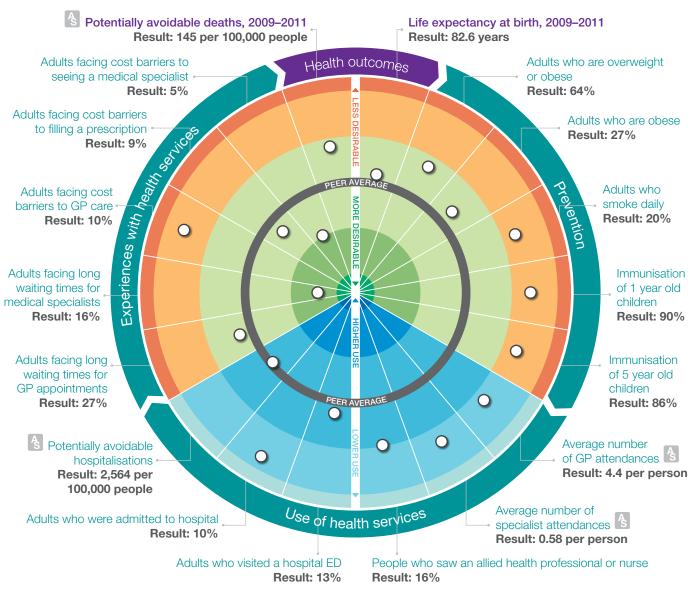
Comparison of Medicare Local catchments' results at a glance

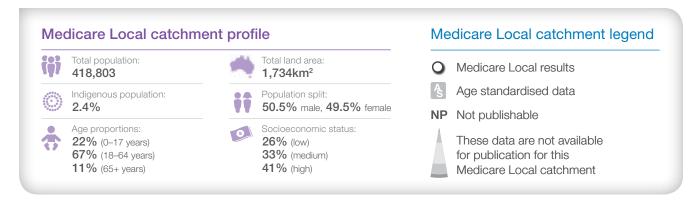




Bentley-Armadale

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





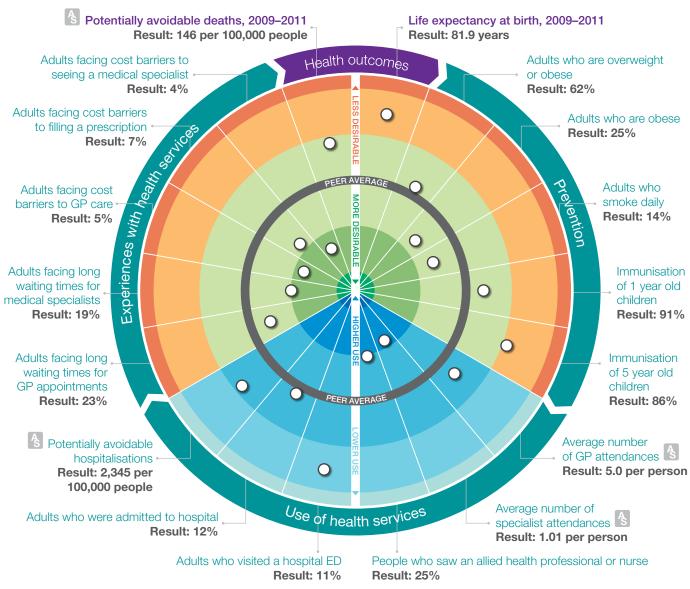
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

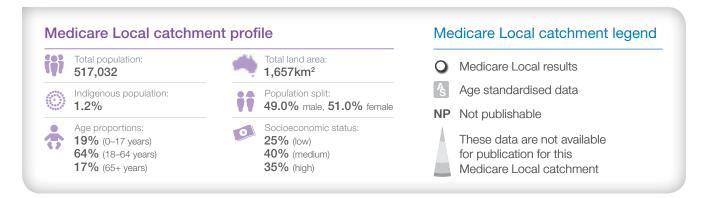
Source: Data sources for each of the measures are listed on page 22.



Central Adelaide & Hills

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

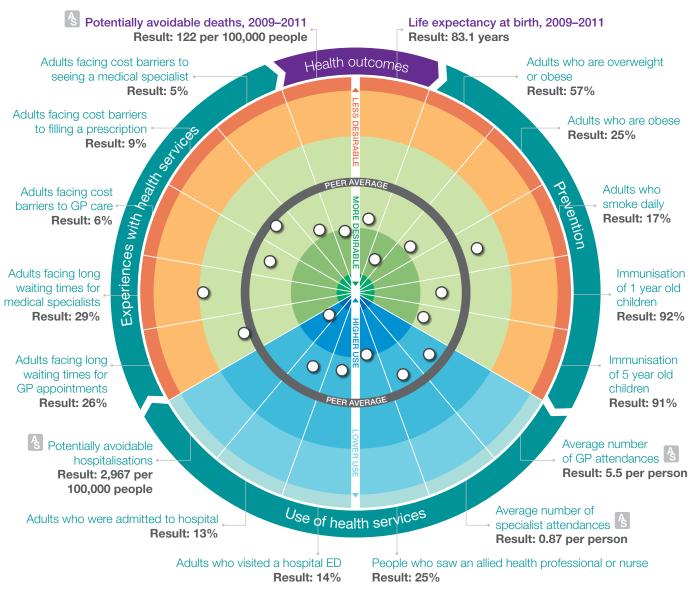
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

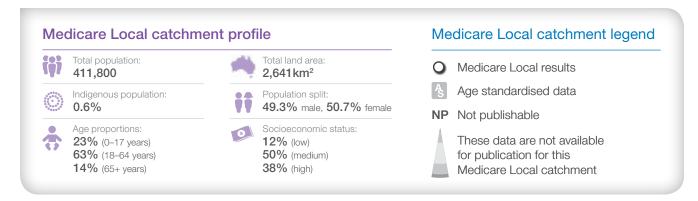
Source: Data sources for each of the measures are listed on page 22.



Eastern Melbourne

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

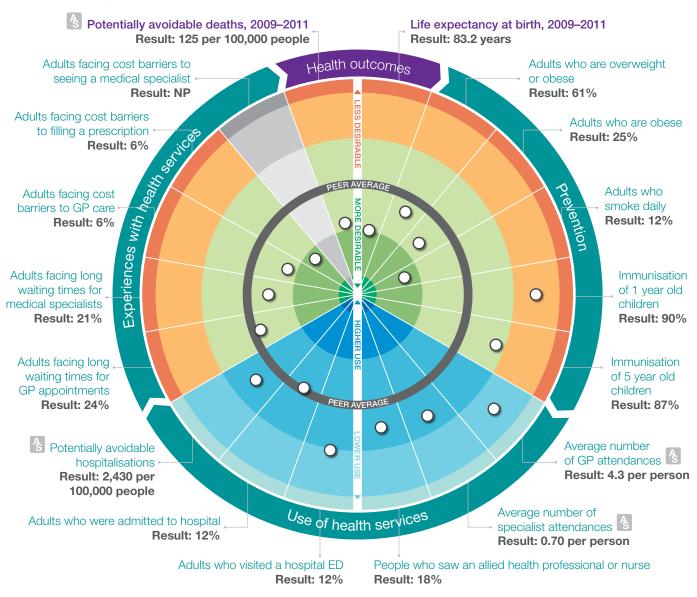
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

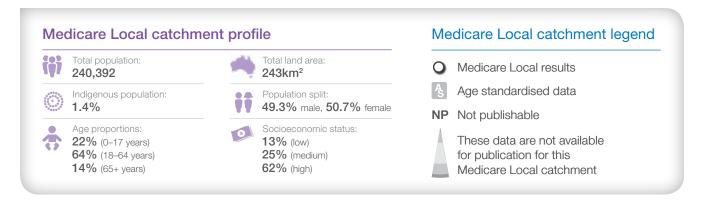
Source: Data sources for each of the measures are listed on page 22.



Fremantle

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

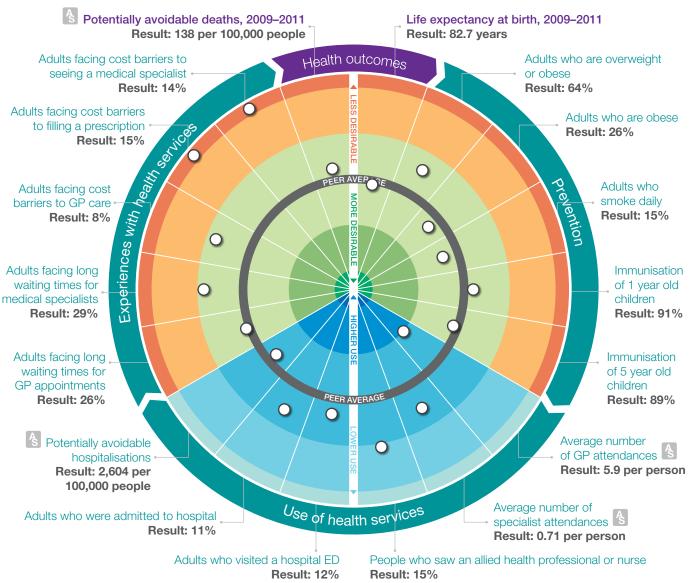
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

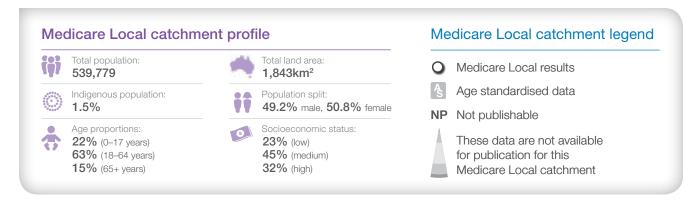
Source: Data sources for each of the measures are listed on page 22.



Gold Coast

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

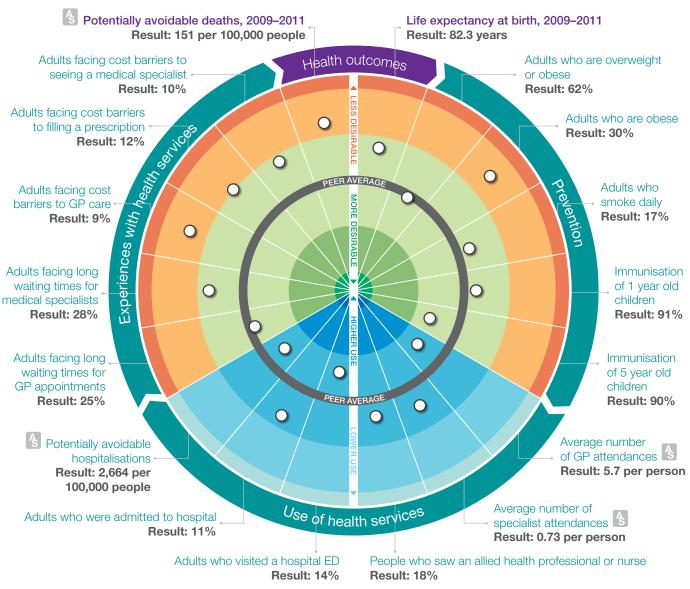
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

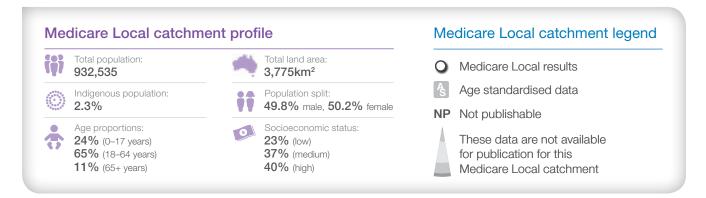
Source: Data sources for each of the measures are listed on page 22.



Greater Metro South Brisbane

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

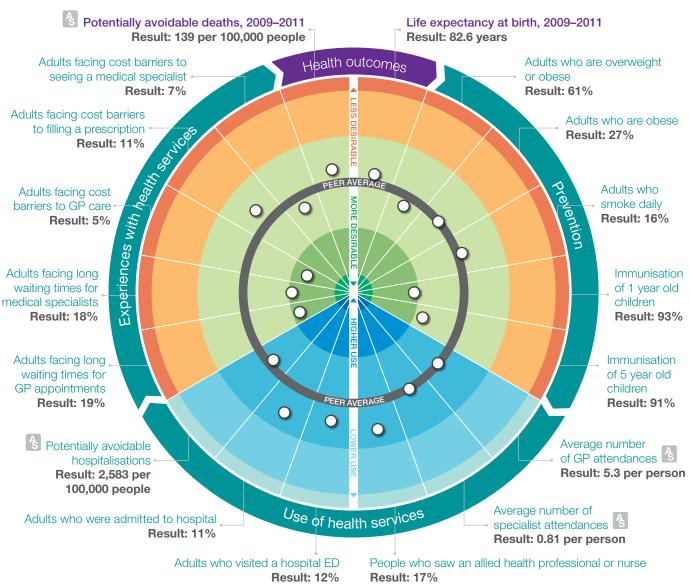
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

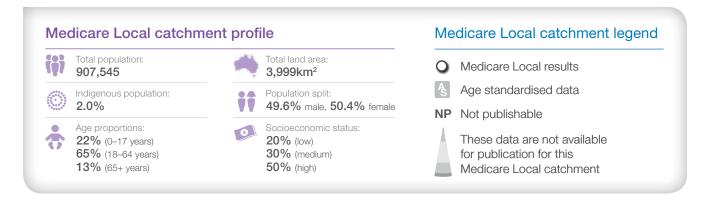
Source: Data sources for each of the measures are listed on page 22.



Metro North Brisbane

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

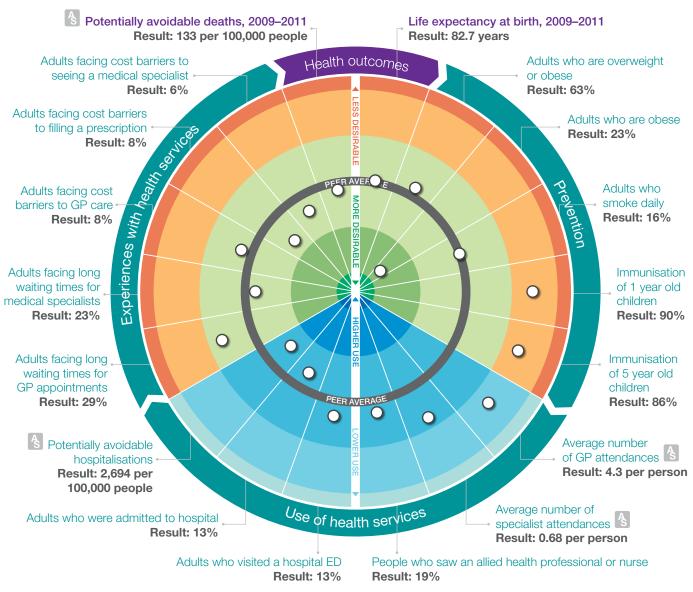
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

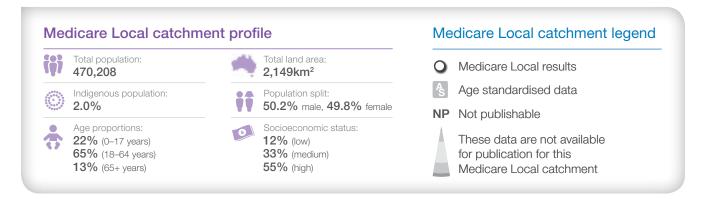
Source: Data sources for each of the measures are listed on page 22.



Perth Central & East Metro

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

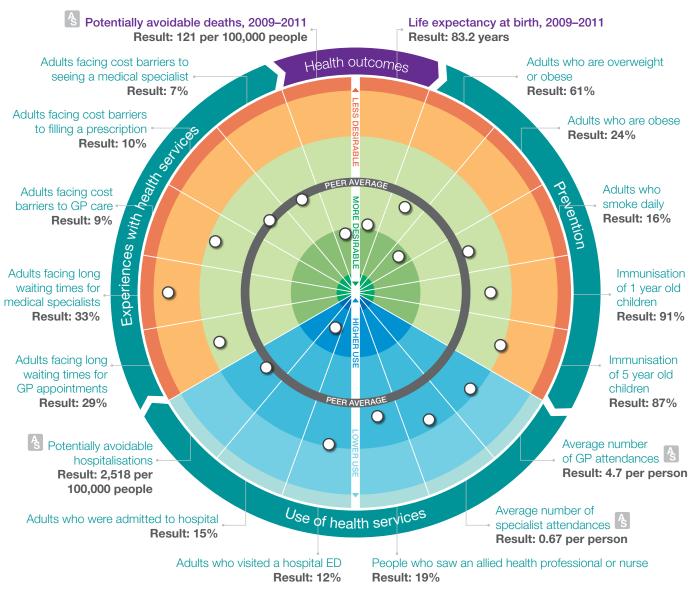
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

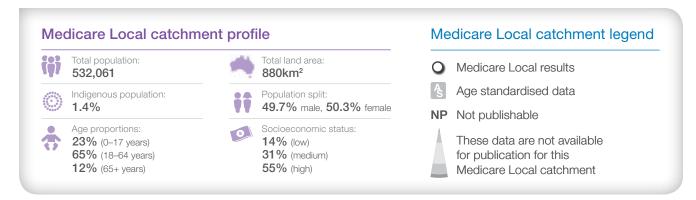
Source: Data sources for each of the measures are listed on page 22.



Perth North Metro

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

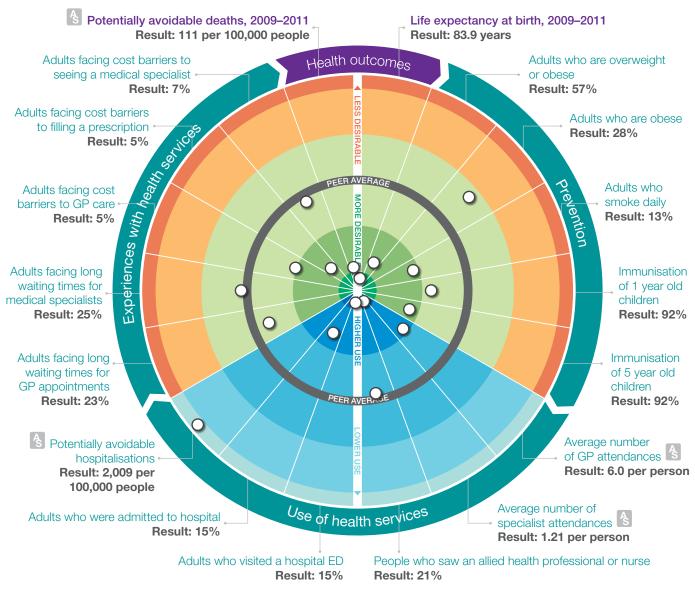
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

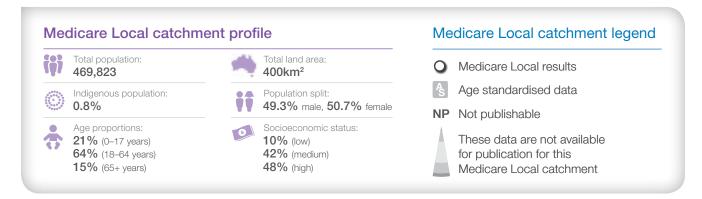
Source: Data sources for each of the measures are listed on page 22.



South Eastern Sydney

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

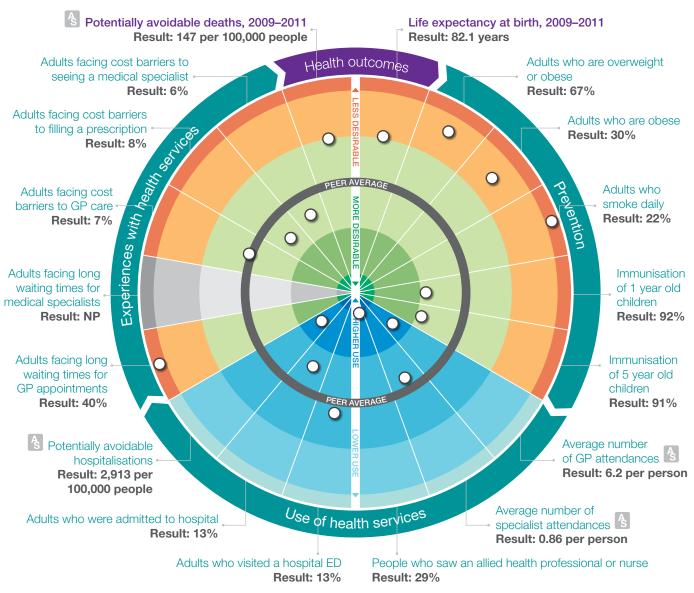
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

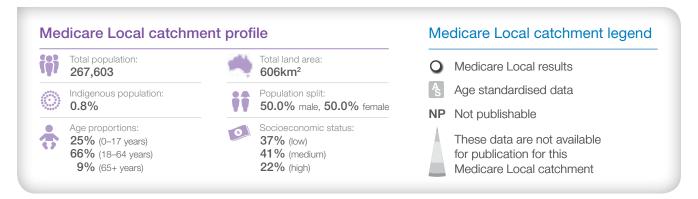
Source: Data sources for each of the measures are listed on page 22.



South Western Melbourne

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





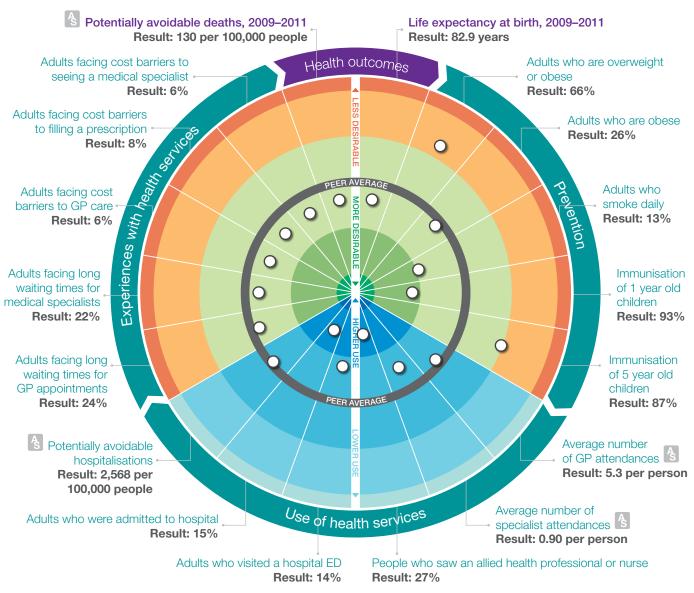
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

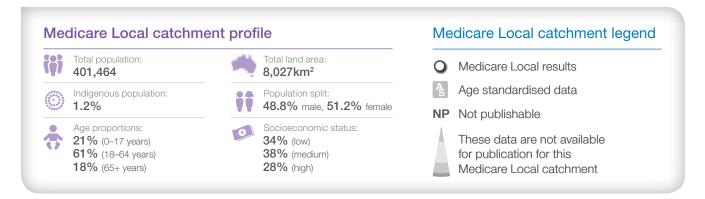
Source: Data sources for each of the measures are listed on page 22.



Sthn Adelaide-Fleurieu-Kangaroo Is.

Medicare Local catchment results relative to Metro 2 peer group results, 2011–12





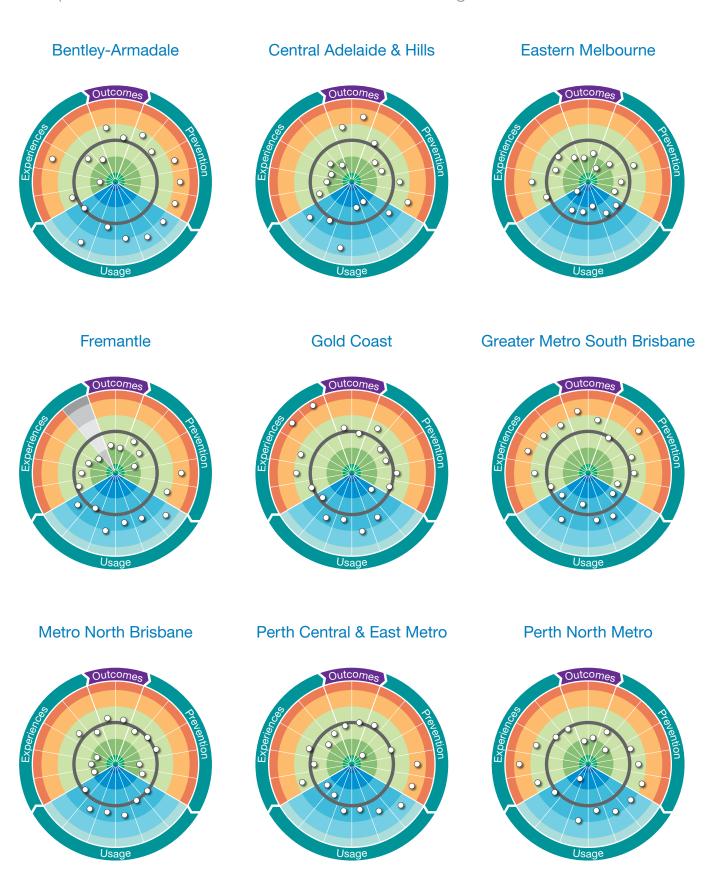
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

Metro 2 peer group overview

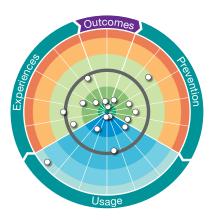
Comparison of Medicare Local catchments' results at a glance



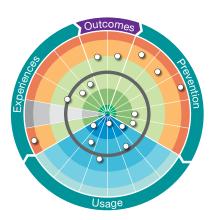
Metro 2 peer group overview

Comparison of Medicare Local catchments' results at a glance

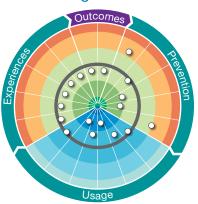
South Eastern Sydney



South Western Melbourne



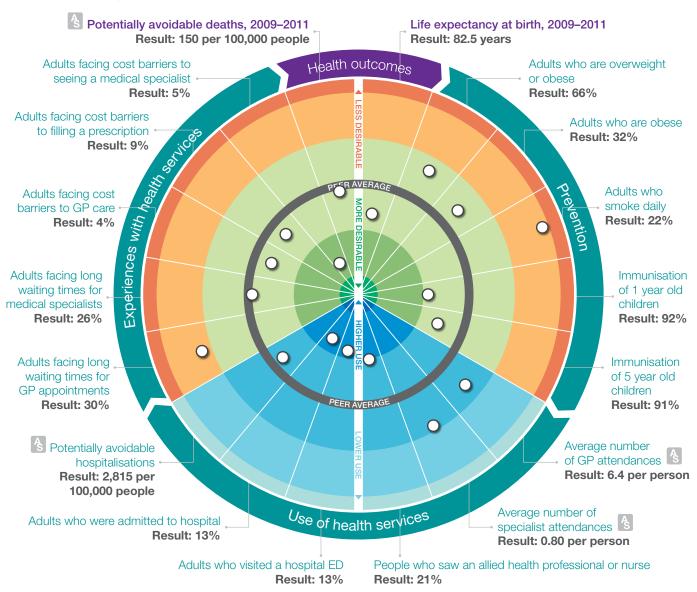
Sthn Adelaide-Fleurieu-Kangaroo Is.

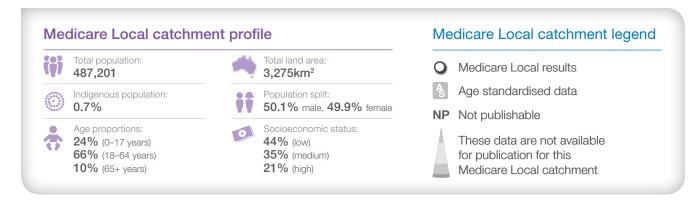




Macedon Ranges & NW Melbourne

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

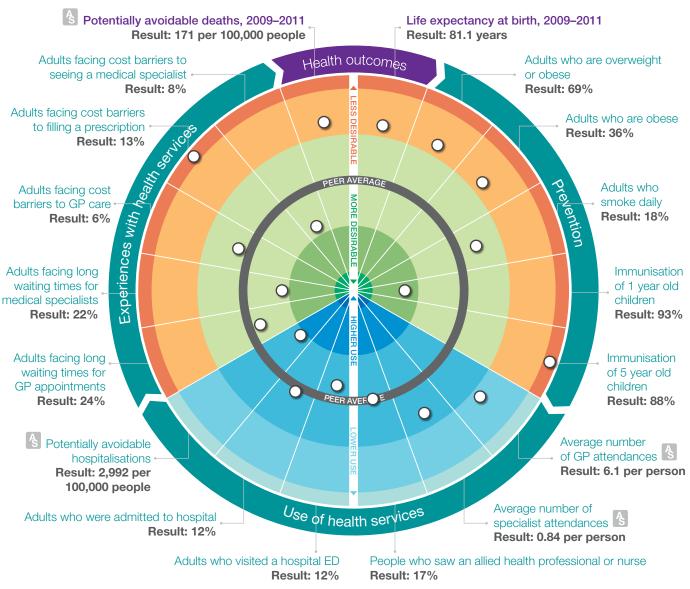
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

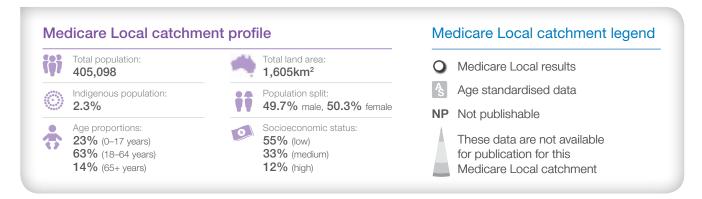
Source: Data sources for each of the measures are listed on page 22.



Northern Adelaide

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

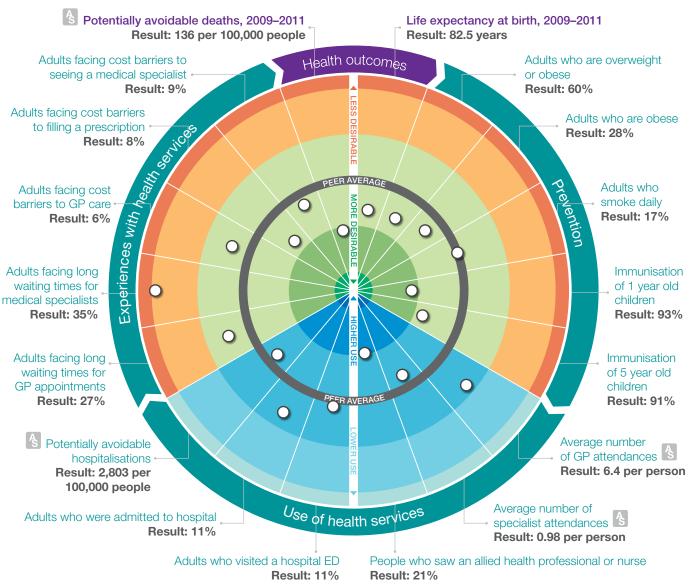
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

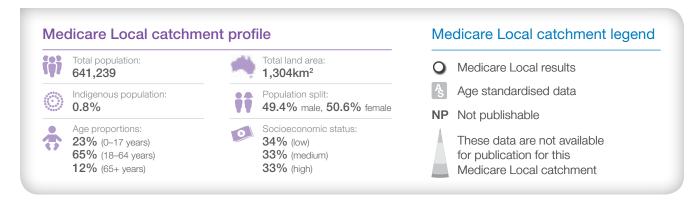
Source: Data sources for each of the measures are listed on page 22.



Northern Melbourne

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

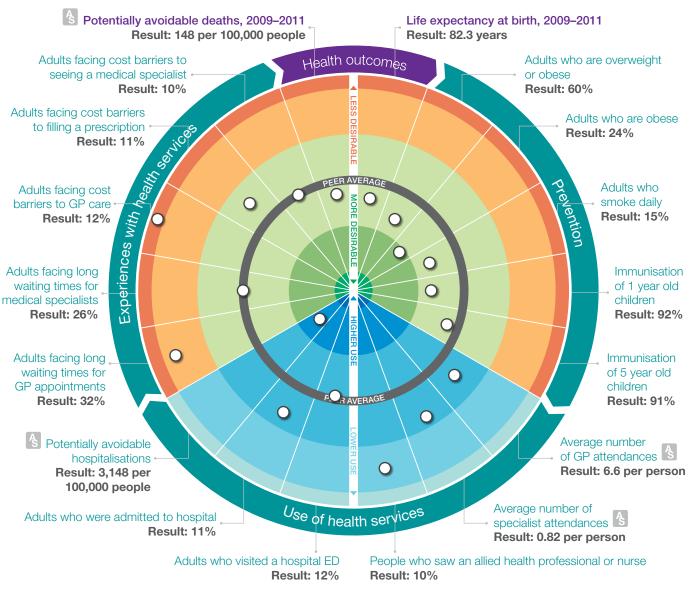
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

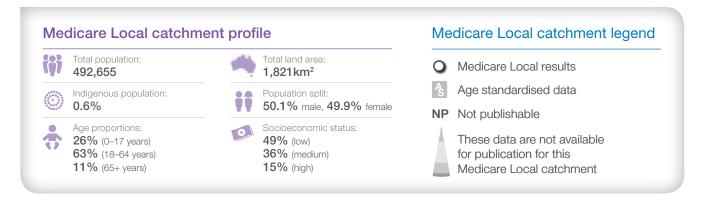
Source: Data sources for each of the measures are listed on page 22.



South Eastern Melbourne

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

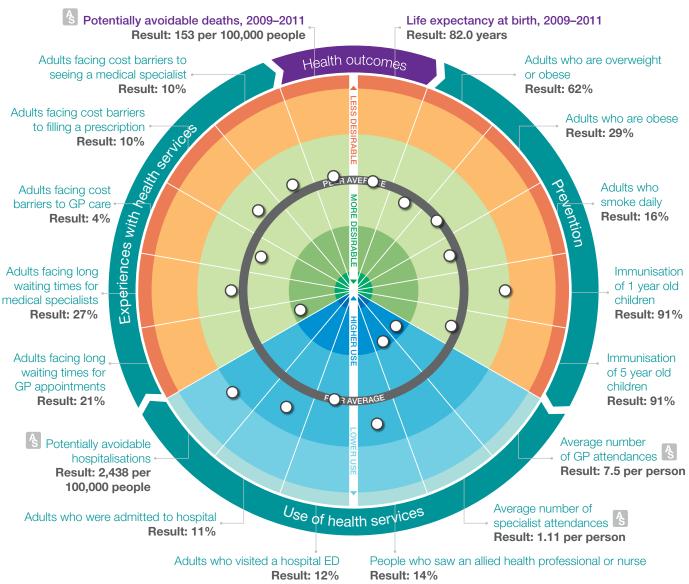
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

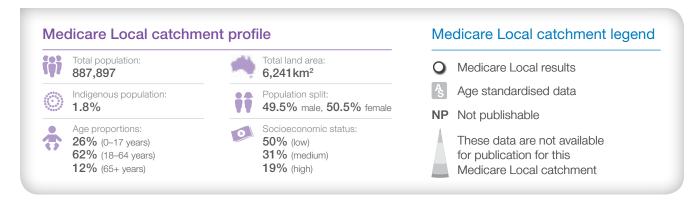
Source: Data sources for each of the measures are listed on page 22.



South Western Sydney

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

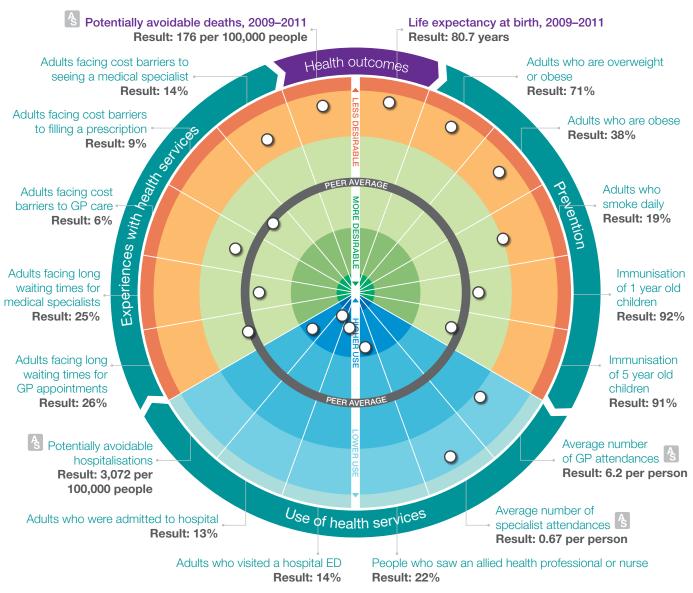
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

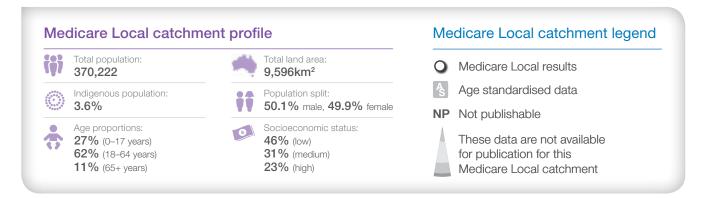
Source: Data sources for each of the measures are listed on page 22.



West Moreton-Oxley

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

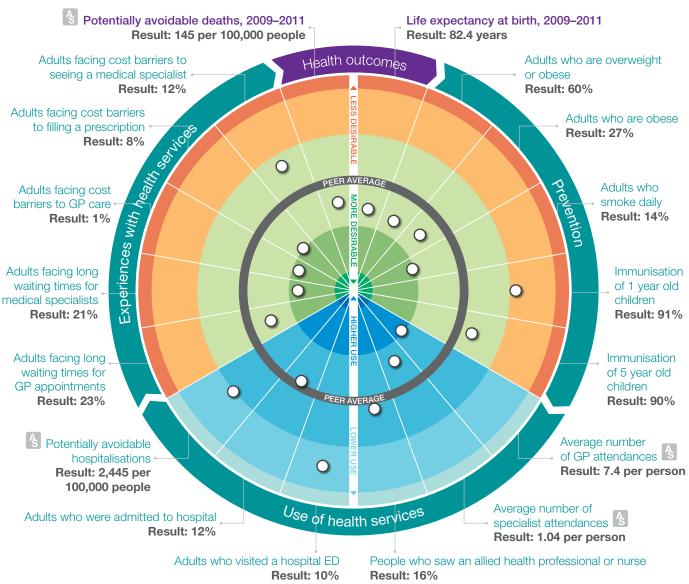
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

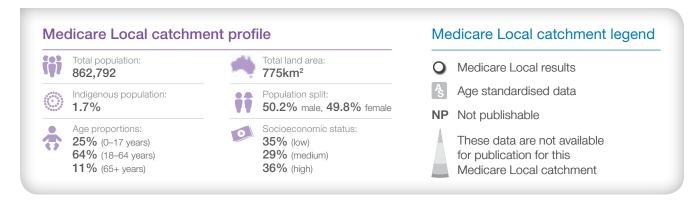
Source: Data sources for each of the measures are listed on page 22.



Western Sydney

Medicare Local catchment results relative to Metro 3 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

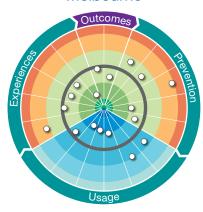
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

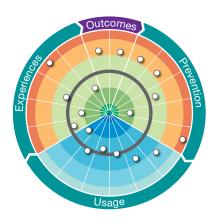
Metro 3 peer group overview

Comparison of Medicare Local catchments' results at a glance

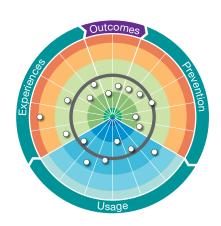
Macedon Ranges & NW Melbourne



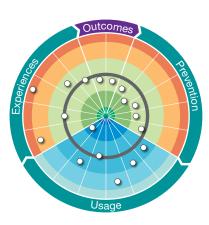
Northern Adelaide



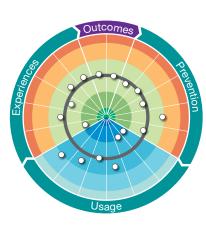
Northern Melbourne



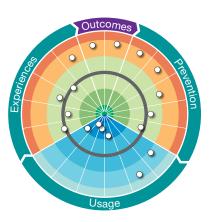
South Eastern Melbourne



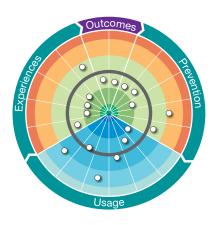
South Western Sydney



West Moreton-Oxley



Western Sydney

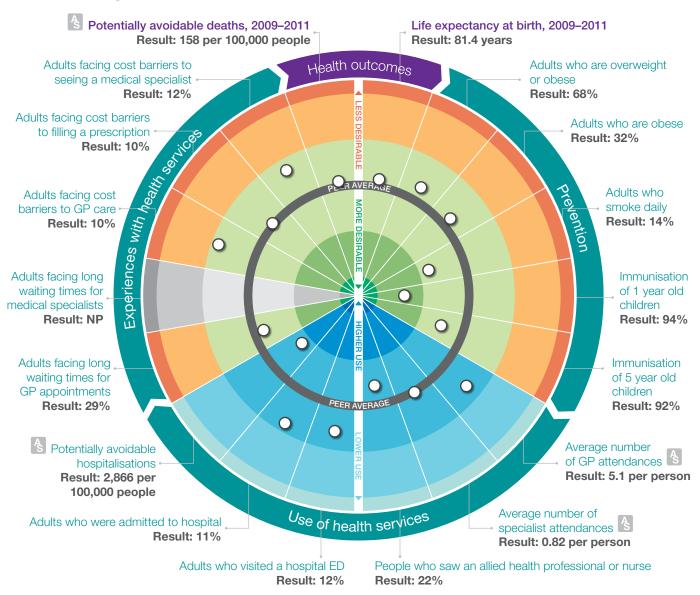


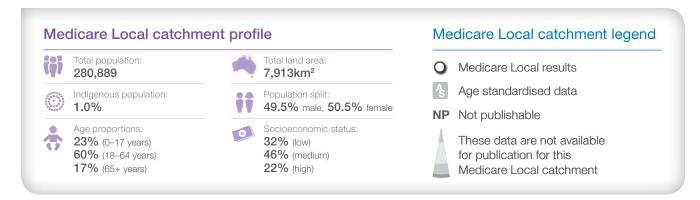
Regional 1



Barwon

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

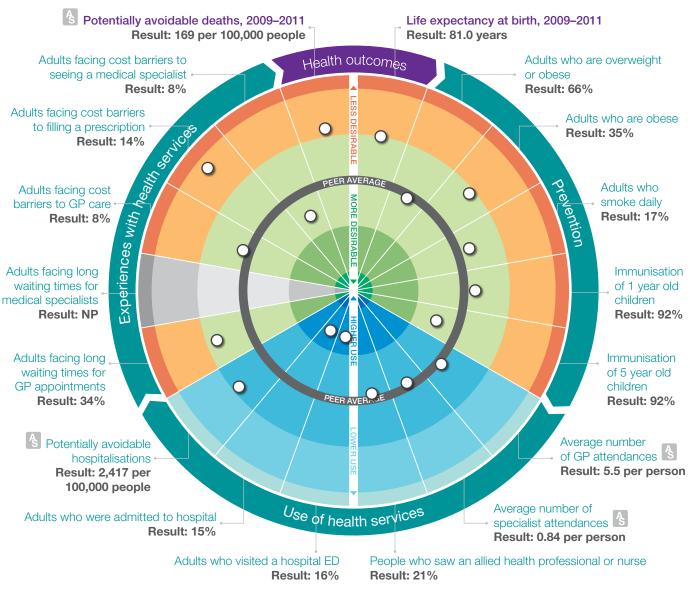
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

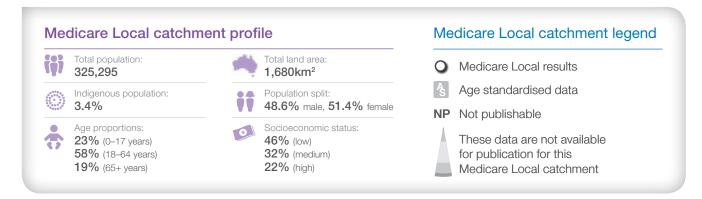
Source: Data sources for each of the measures are listed on page 22.



Central Coast NSW

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

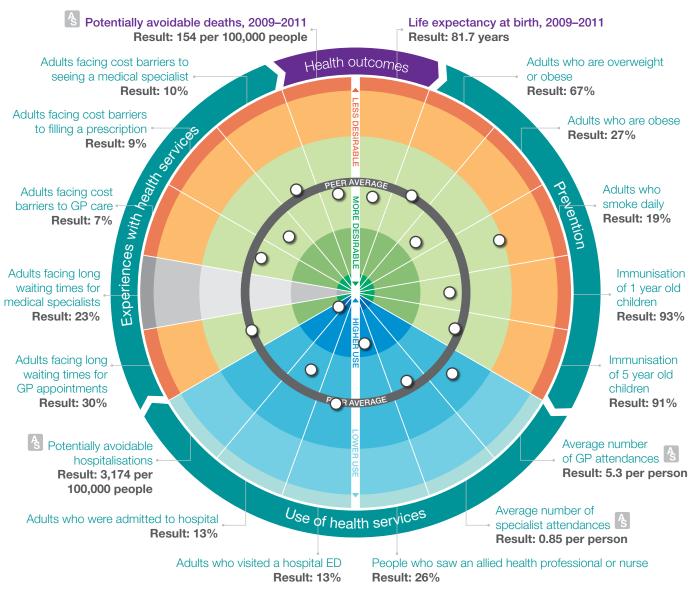
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

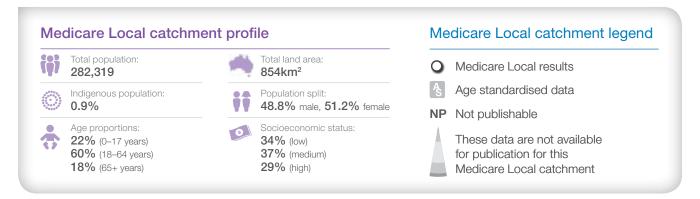
Source: Data sources for each of the measures are listed on page 22.



Frankston-Mornington Peninsula

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

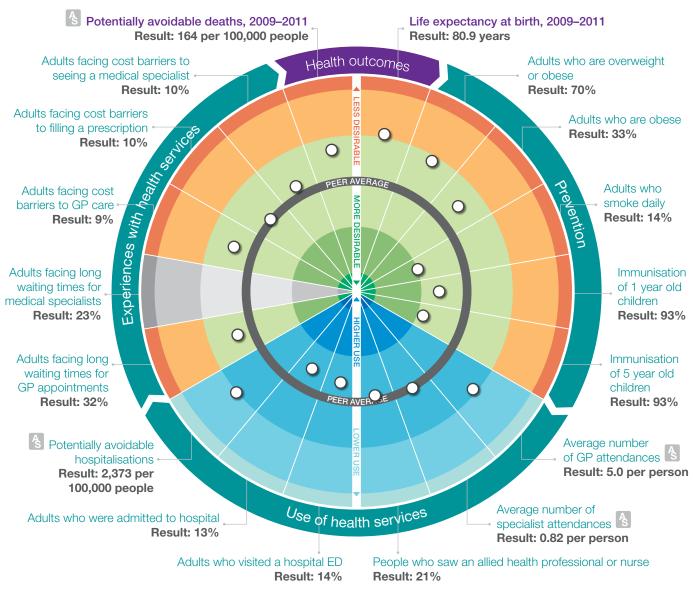
Source: Data sources for each of the measures are listed on page 22.

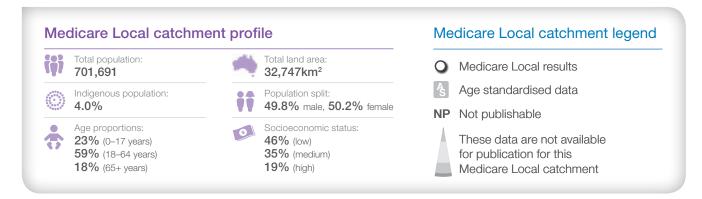
Regional 1



Hunter

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

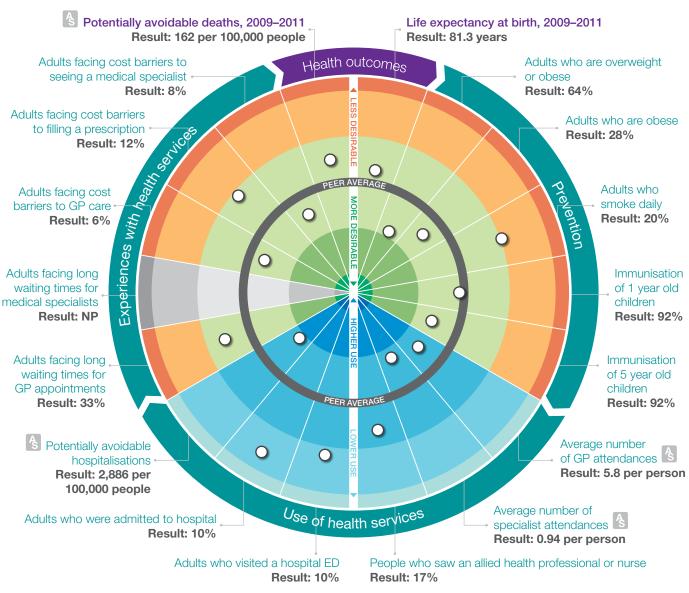
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

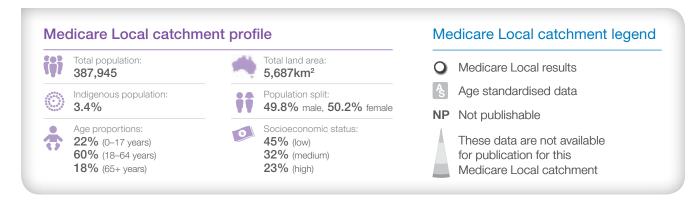
Source: Data sources for each of the measures are listed on page 22.



Illawarra-Shoalhaven

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

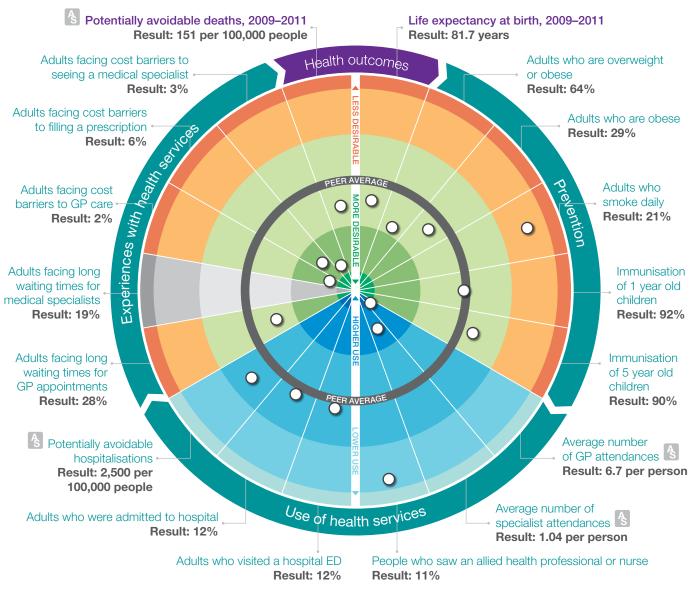
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

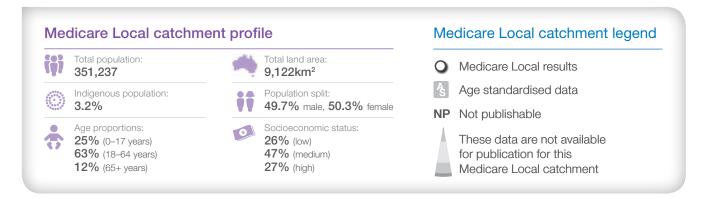
Source: Data sources for each of the measures are listed on page 22.



Nepean-Blue Mountains

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

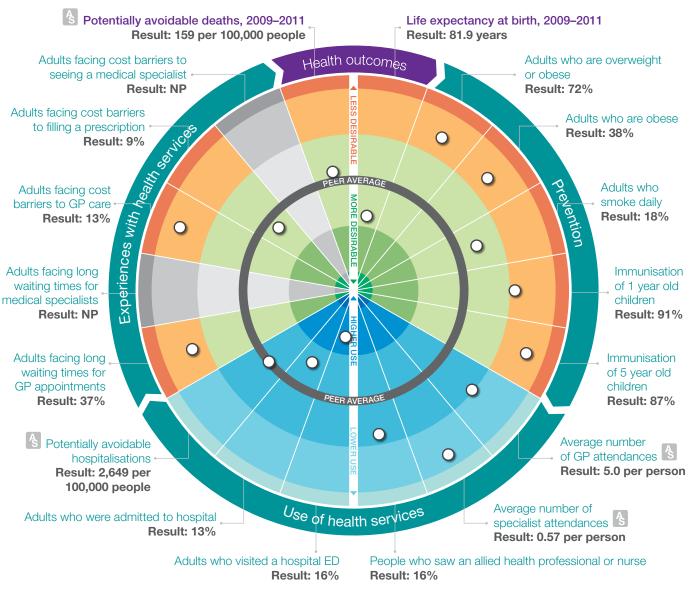
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

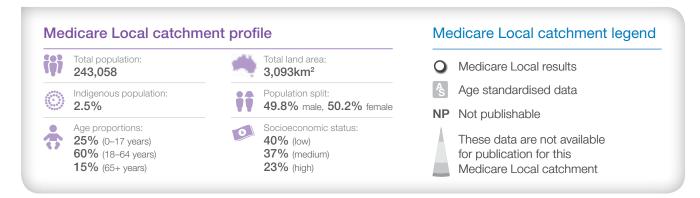
Source: Data sources for each of the measures are listed on page 22.



Perth South Coastal

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

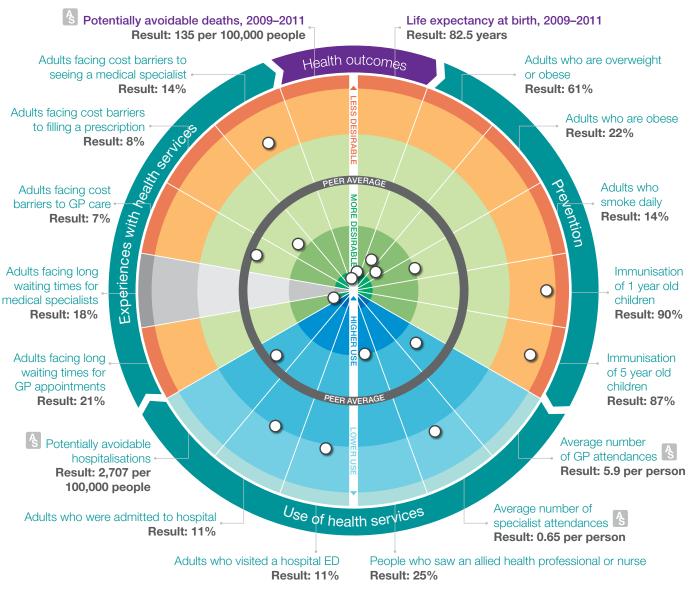
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

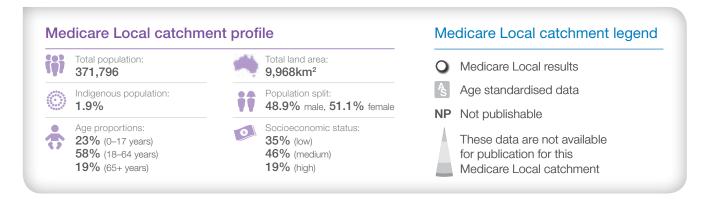
Source: Data sources for each of the measures are listed on page 22.



Sunshine Coast

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12





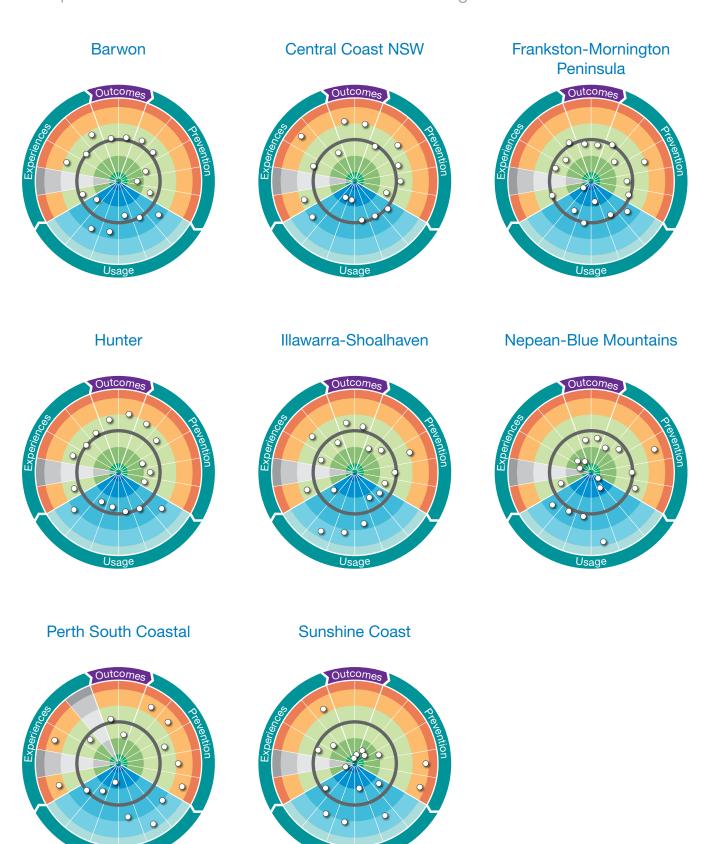
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

Regional 1 peer group overview

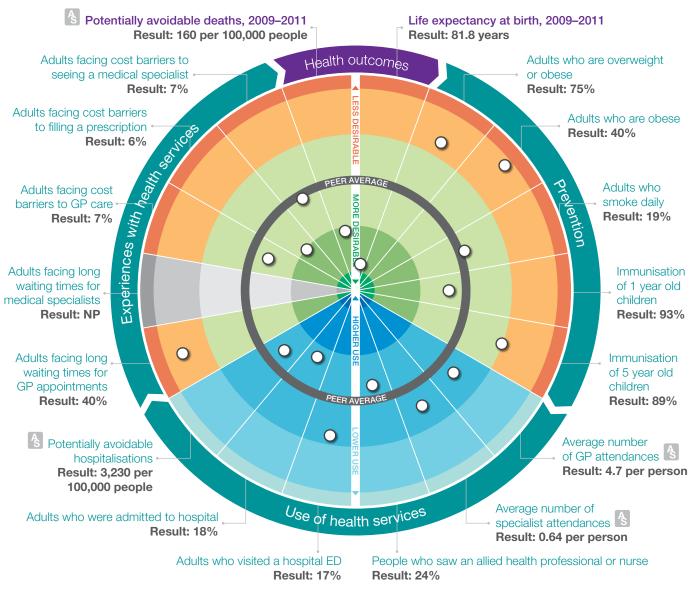
Comparison of Medicare Local catchments' results at a glance

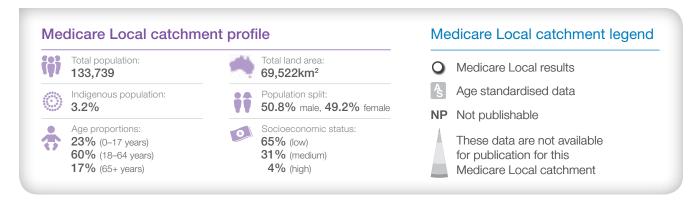




Country South SA

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

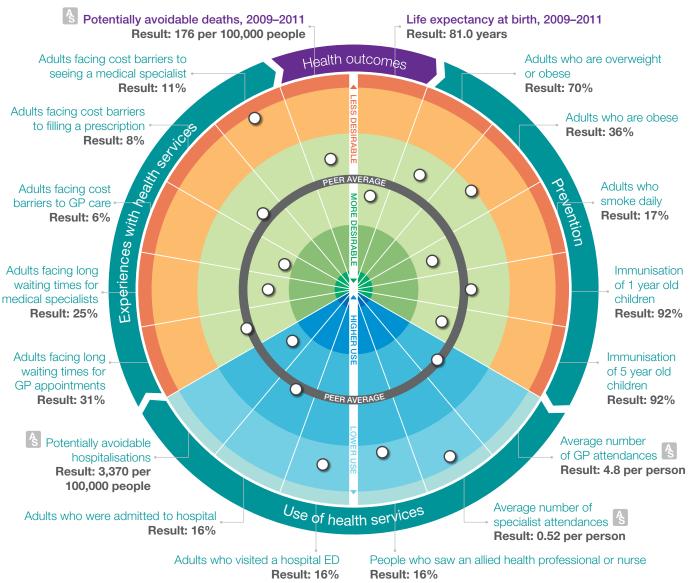
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

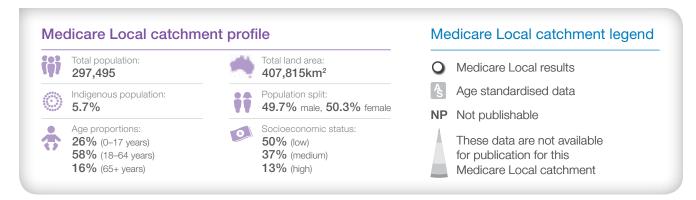
Source: Data sources for each of the measures are listed on page 22.



Darling Downs-SW Queensland

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

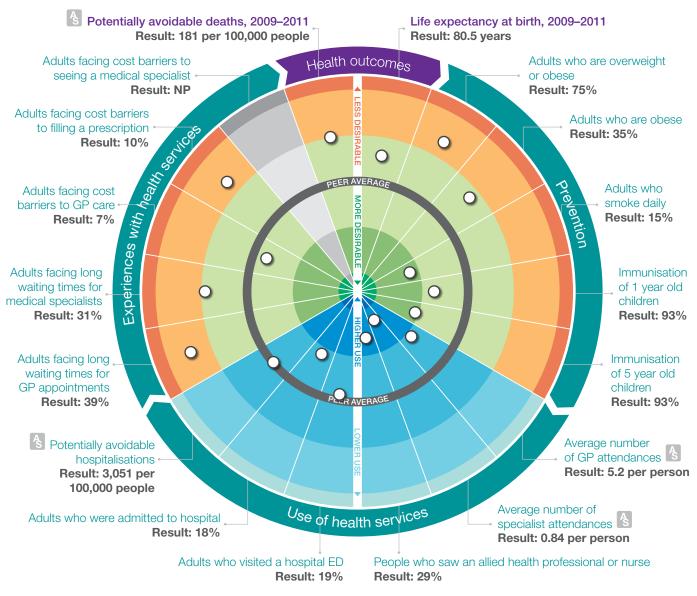
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

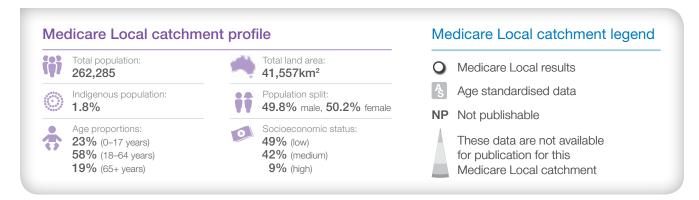
Source: Data sources for each of the measures are listed on page 22.



Gippsland

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

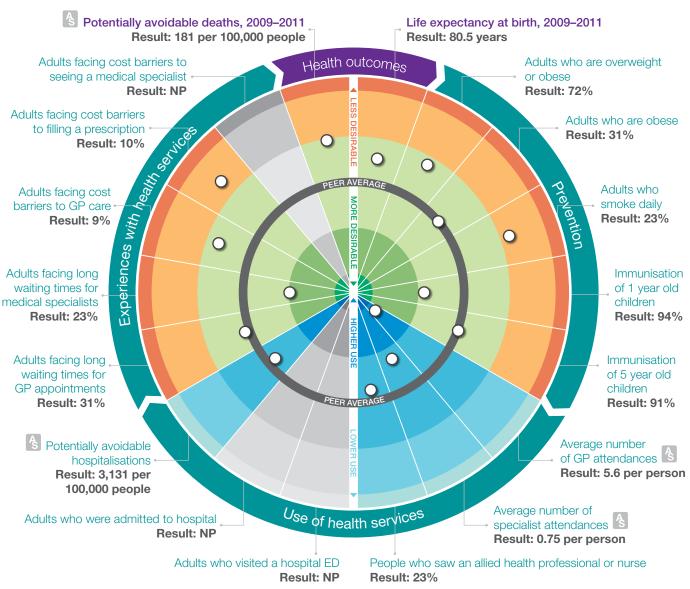
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

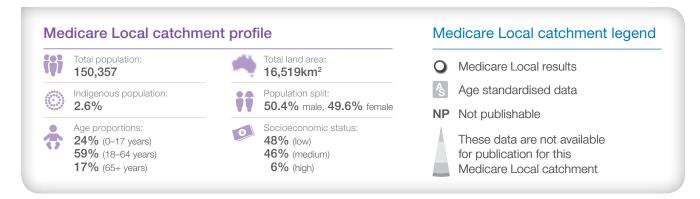
Source: Data sources for each of the measures are listed on page 22.



Goulburn Valley

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

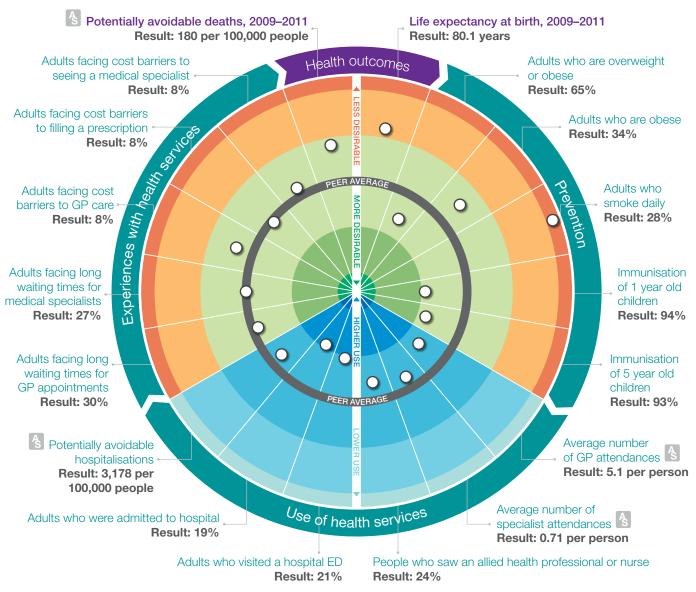
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

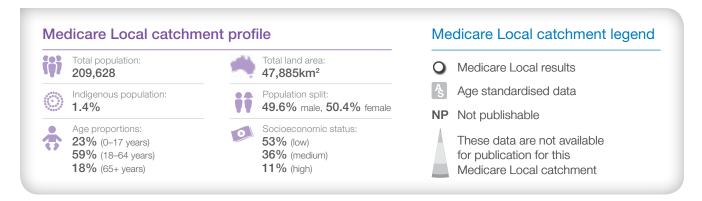
Source: Data sources for each of the measures are listed on page 22.



Grampians

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

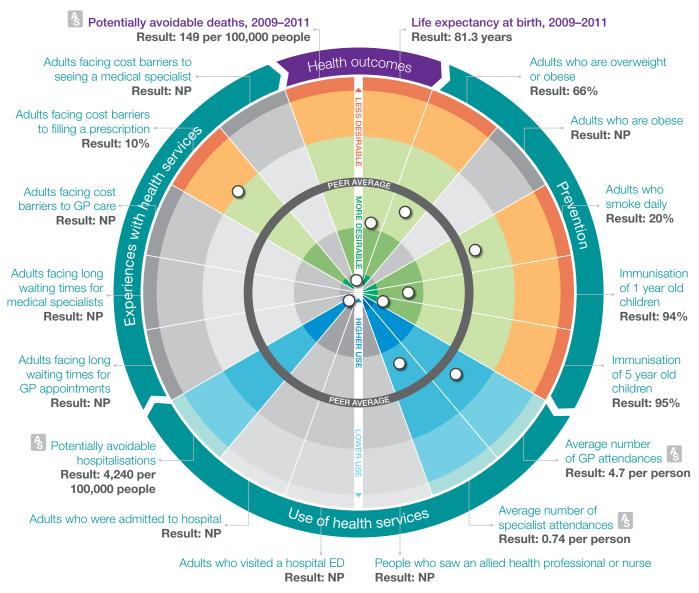
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

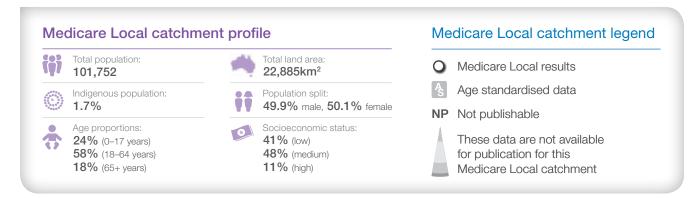
Source: Data sources for each of the measures are listed on page 22.



Great South Coast

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

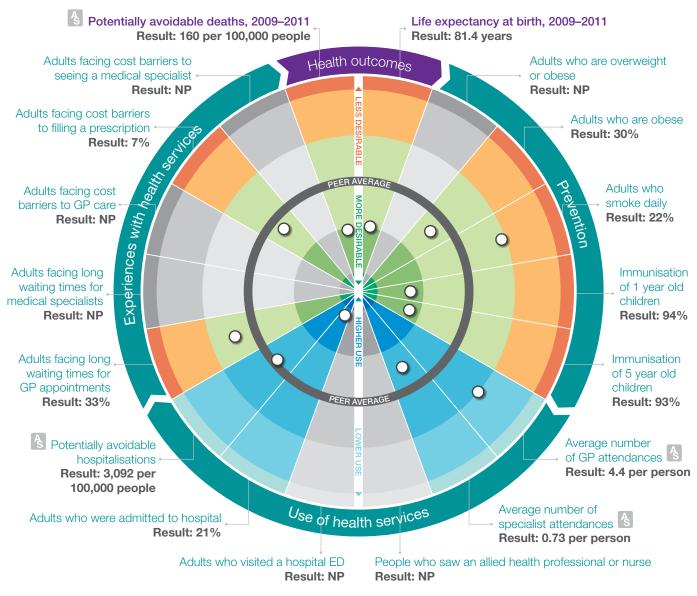
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

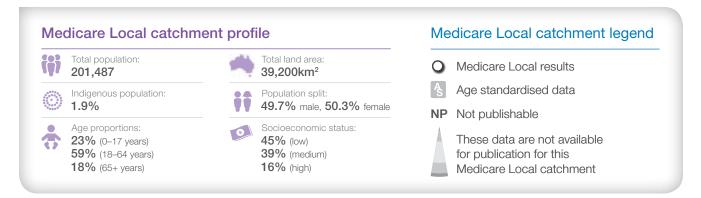
Source: Data sources for each of the measures are listed on page 22.



Hume

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

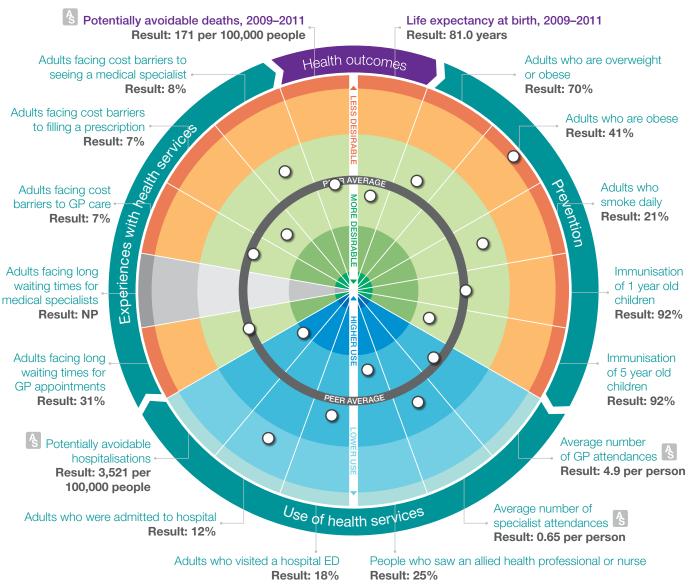
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

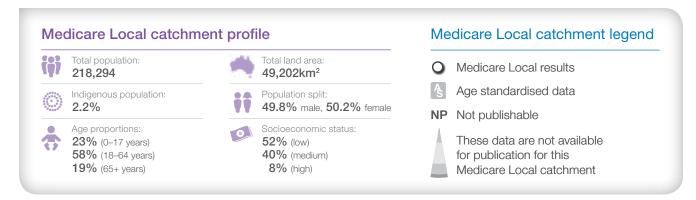
Source: Data sources for each of the measures are listed on page 22.



Loddon-Mallee-Murray

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

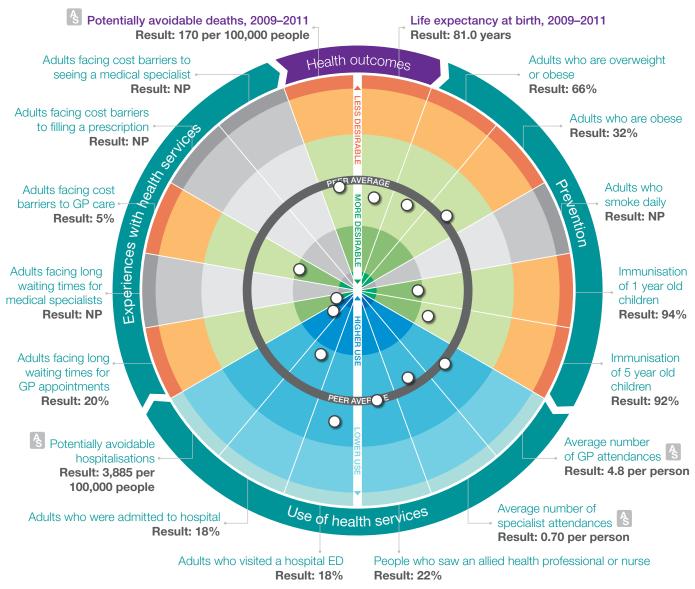
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

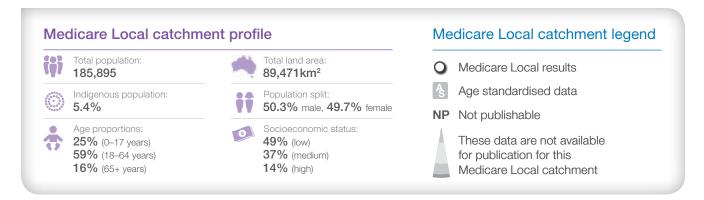
Source: Data sources for each of the measures are listed on page 22.



Murrumbidgee

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

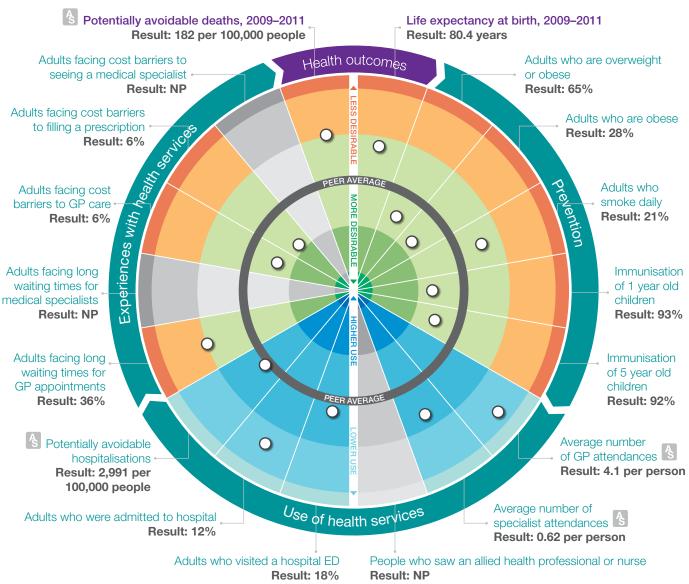
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

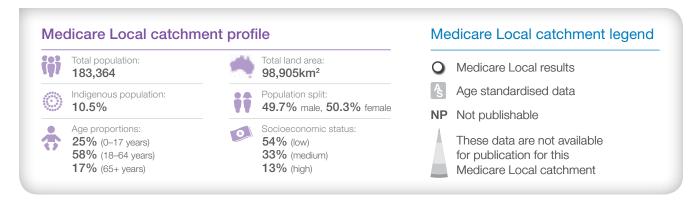
Source: Data sources for each of the measures are listed on page 22.



New England

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





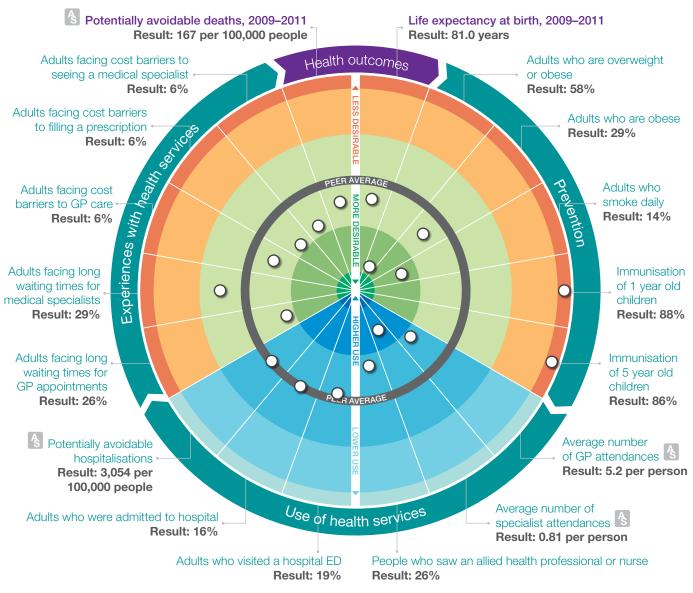
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

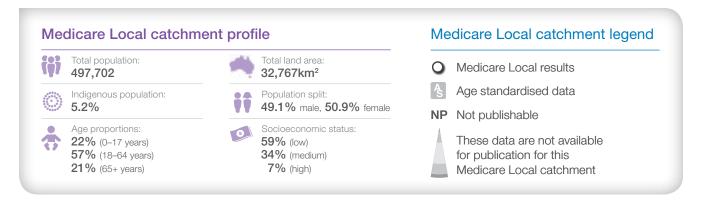
Source: Data sources for each of the measures are listed on page 22.



North Coast NSW

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

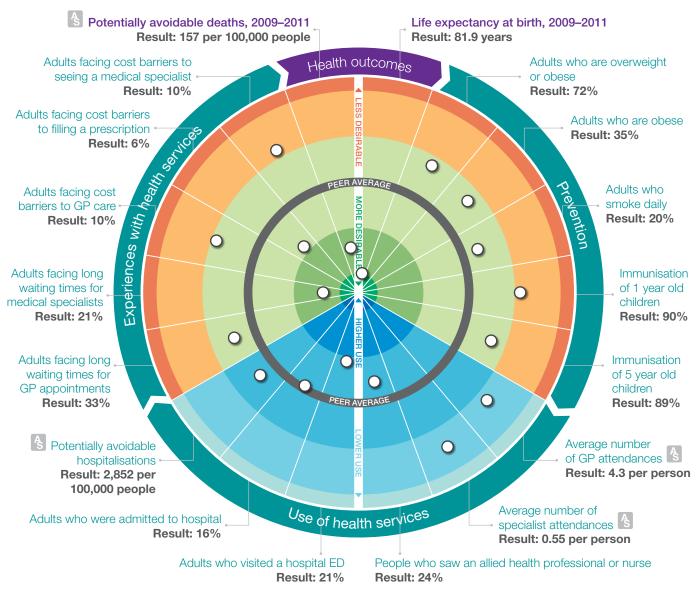
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

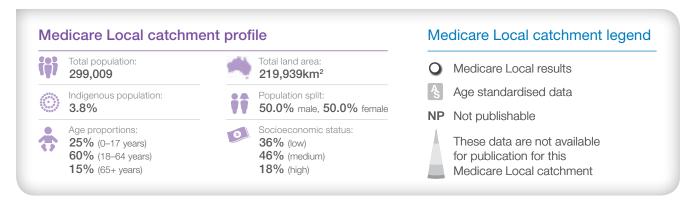
Source: Data sources for each of the measures are listed on page 22.



South West WA

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

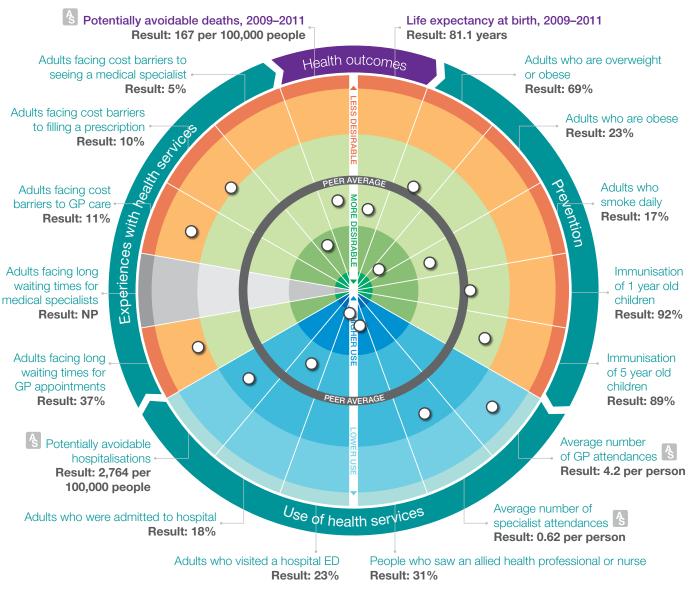
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

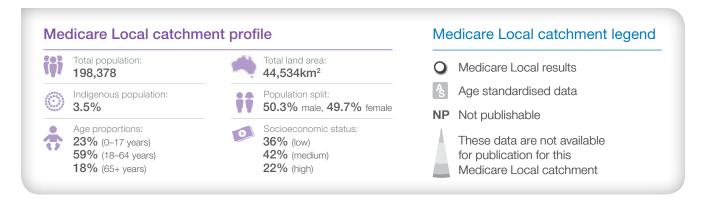
Source: Data sources for each of the measures are listed on page 22. For more information, refer to this report's Technical Supplement at www.myhealthycommunities.gov.au



Southern NSW

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

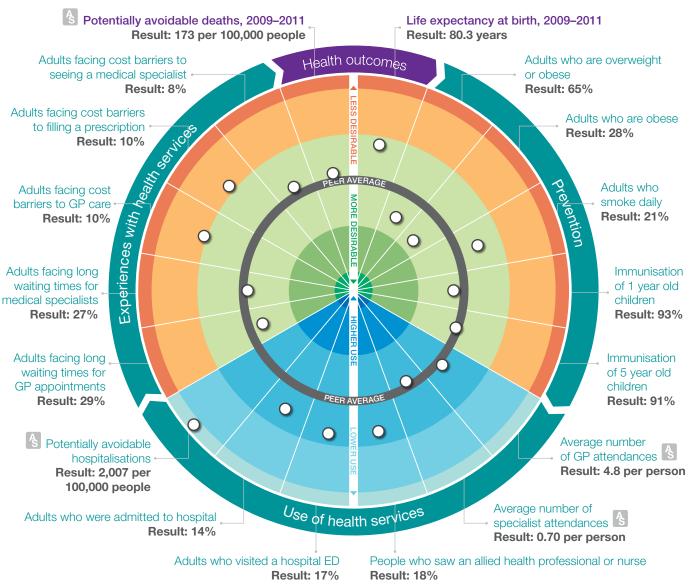
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

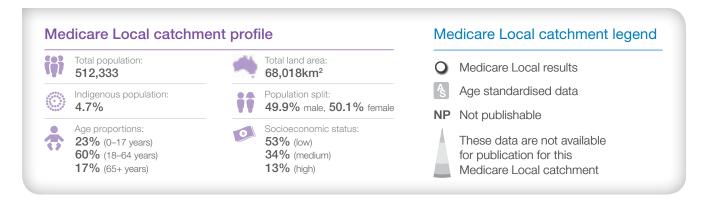
Source: Data sources for each of the measures are listed on page 22.



Tasmania

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

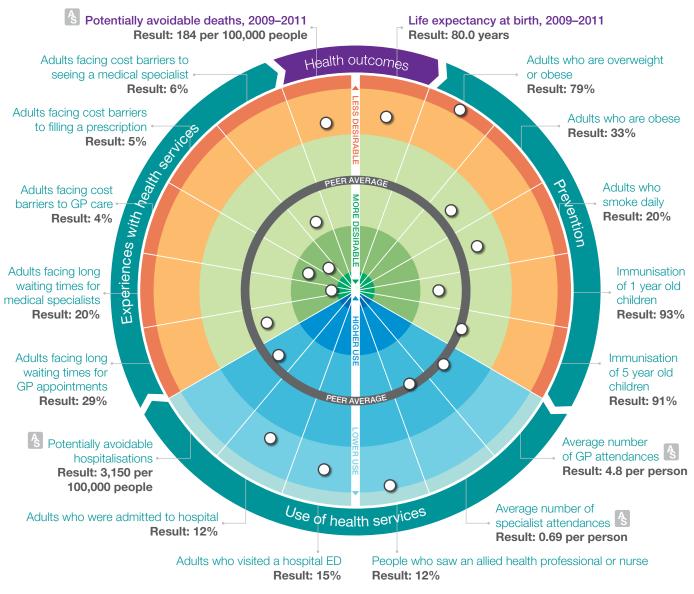
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

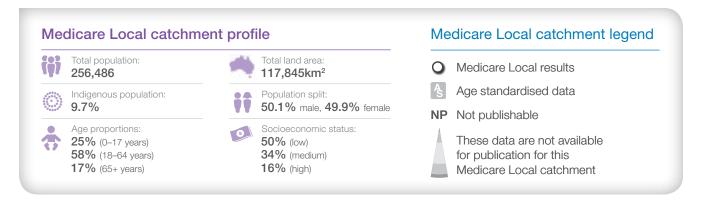
Source: Data sources for each of the measures are listed on page 22.



Western NSW

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

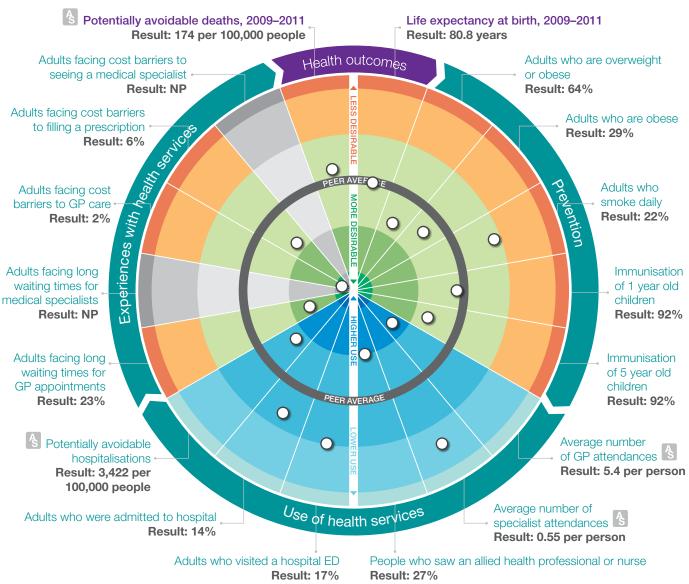
Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

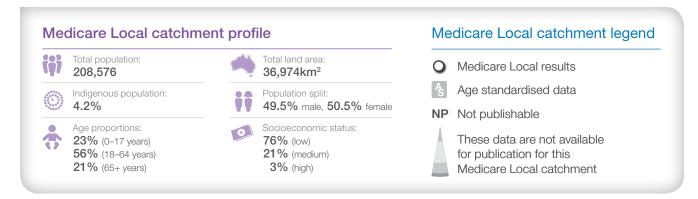
Source: Data sources for each of the measures are listed on page 22.



Wide Bay

Medicare Local catchment results relative to Regional 2 peer group results, 2011–12





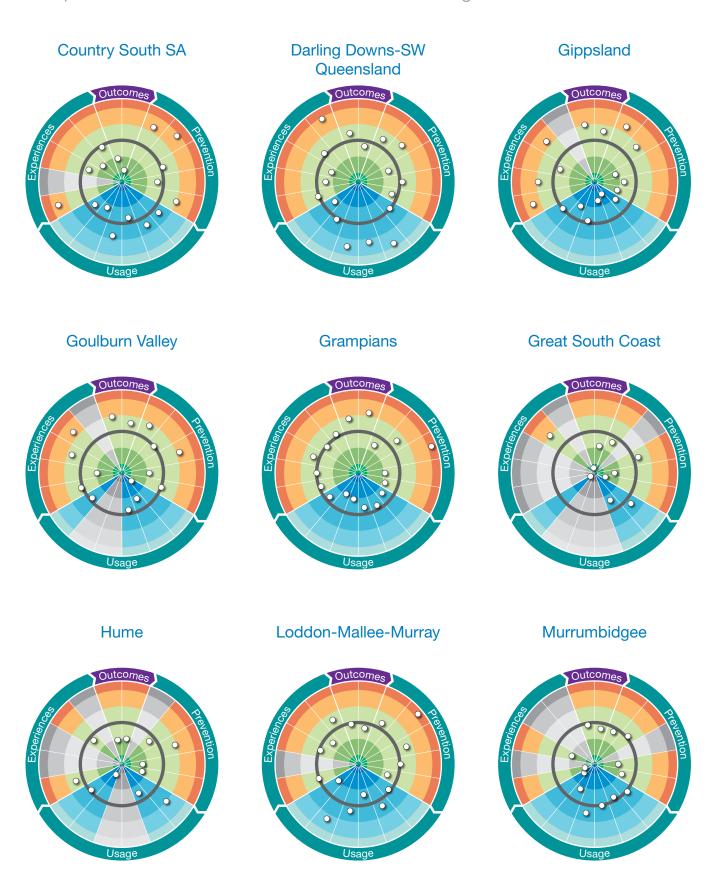
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group.

Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

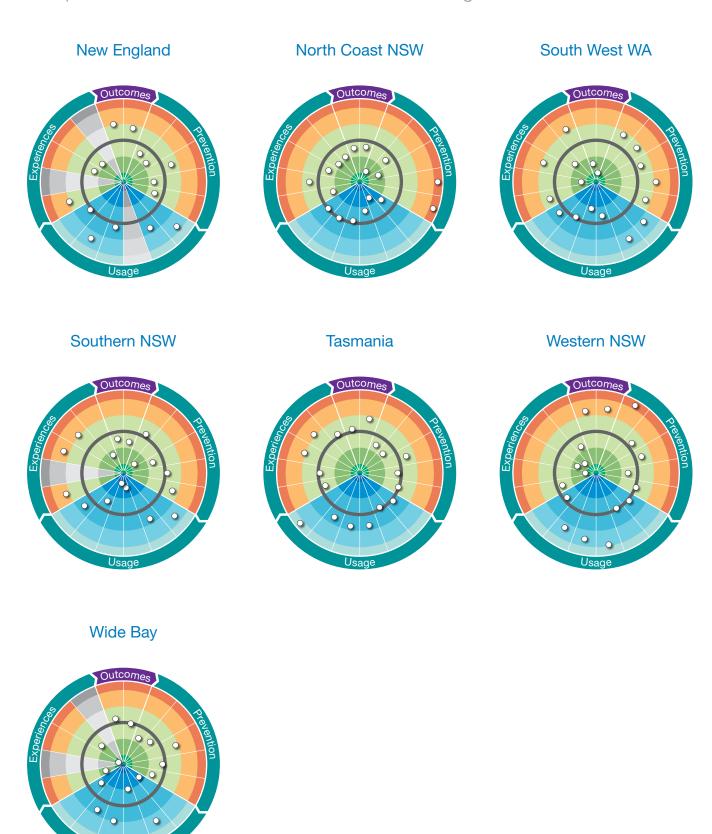
Regional 2 peer group overview

Comparison of Medicare Local catchments' results at a glance



Regional 2 peer group overview

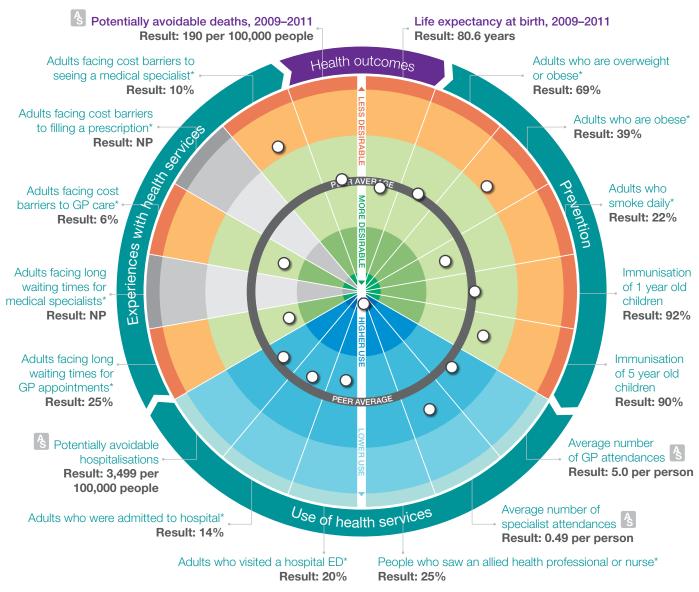
Comparison of Medicare Local catchments' results at a glance

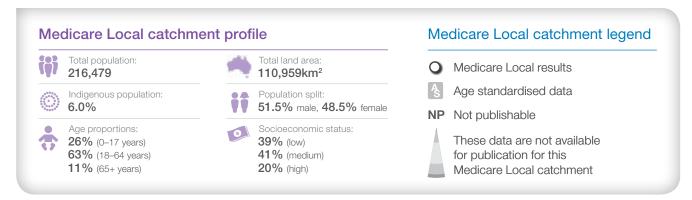




Central Queensland

Medicare Local catchment results relative to Rural 1 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

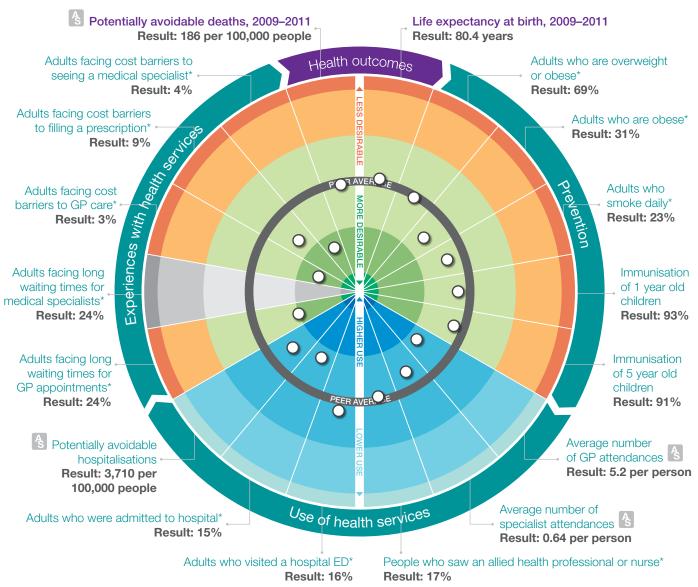
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

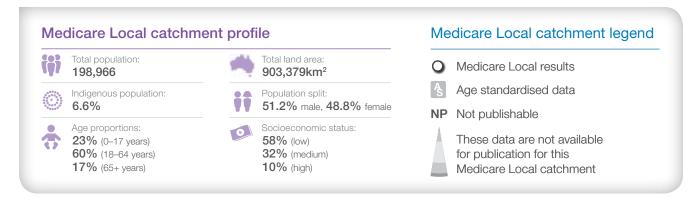
Source: Data sources for each of the measures are listed on page 22.



Country North SA

Medicare Local catchment results relative to Rural 1 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

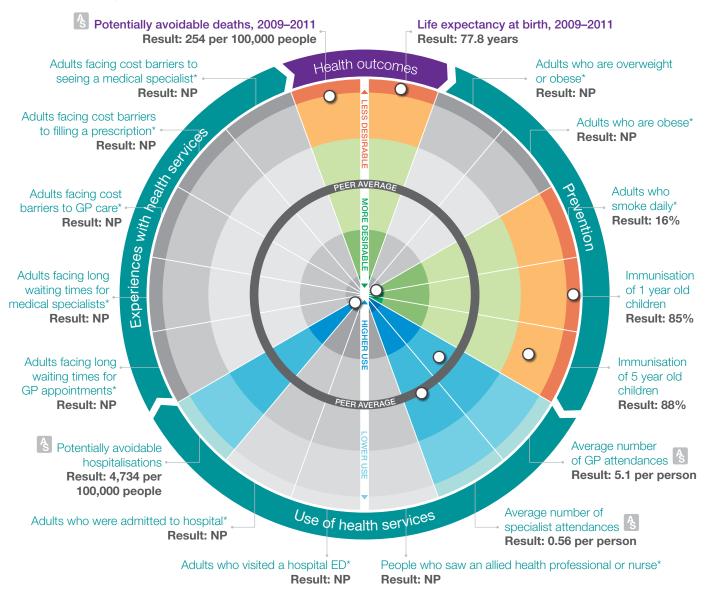
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

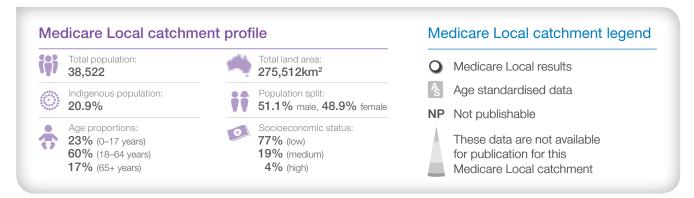
Source: Data sources for each of the measures are listed on page 22.



Far West NSW

Medicare Local catchment results relative to Rural 1 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

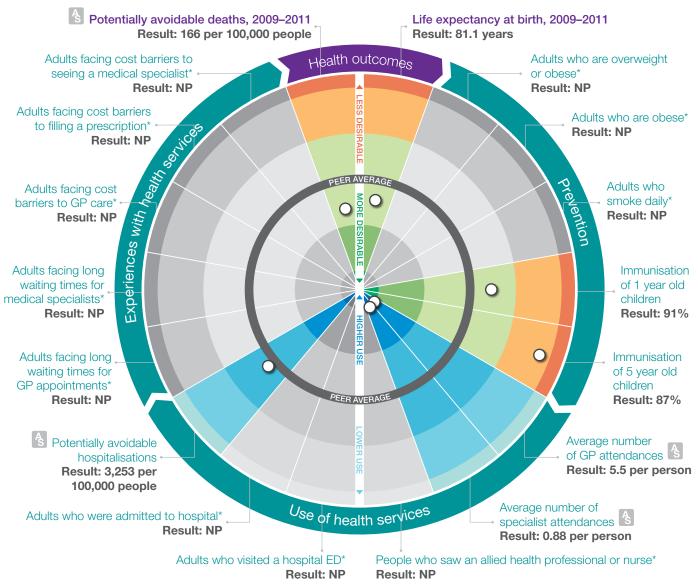
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.



Lower Murray

Medicare Local catchment results relative to Rural 1 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

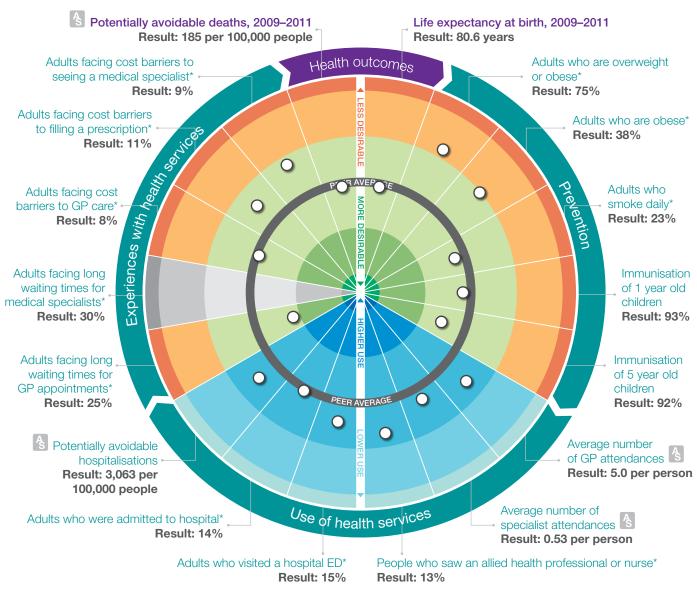
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

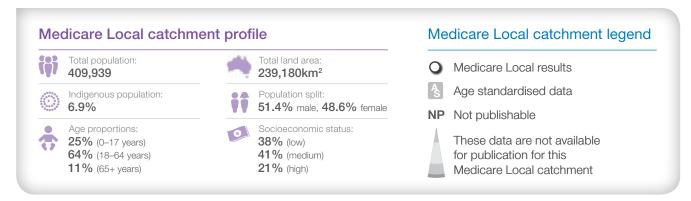
Source: Data sources for each of the measures are listed on page 22.



Townsville-Mackay

Medicare Local catchment results relative to Rural 1 peer group results, 2011–12





* Result is shown relative to combined Rural 1 and Rural 2 peer group results.

Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

Rural 1 peer group overview

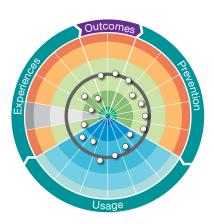
Comparison of Medicare Local catchments' results at a glance

Central Queensland

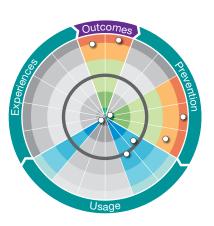
Outcomes

Pievenion

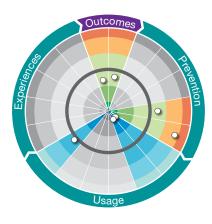
Country North SA



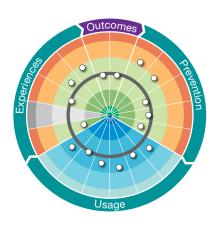
Far West NSW



Lower Murray



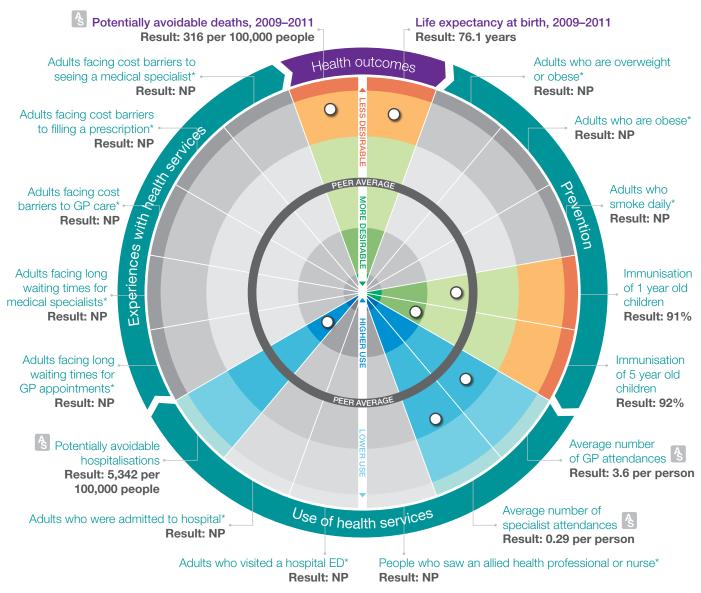
Townsville-Mackay

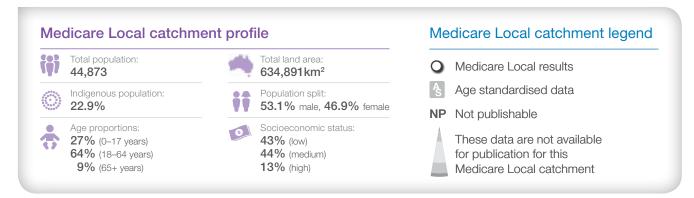




Central & NW Queensland

Medicare Local catchment results relative to Rural 2 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

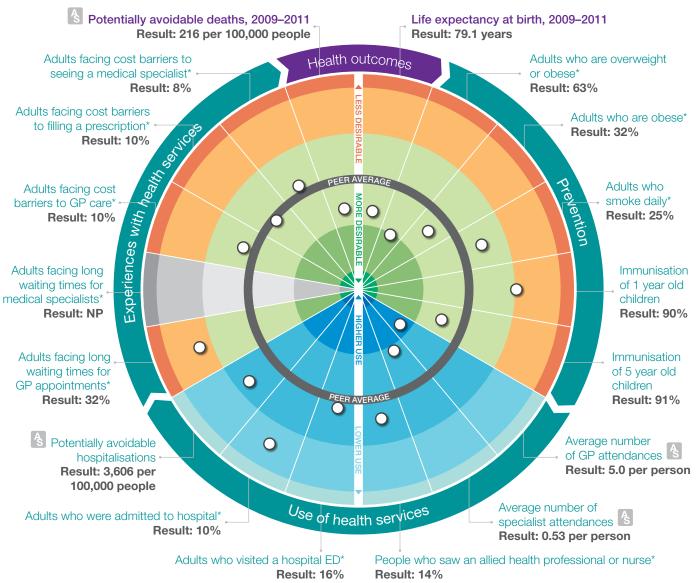
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.



Far North Queensland

Medicare Local catchment results relative to Rural 2 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

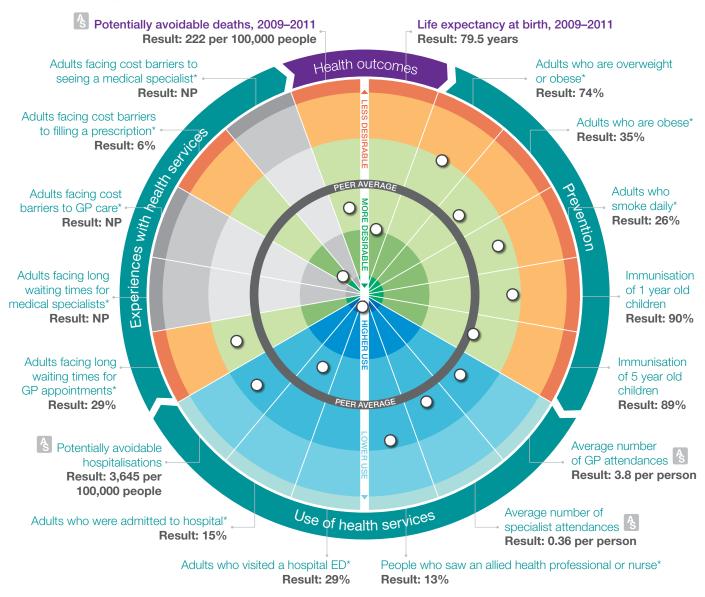
Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

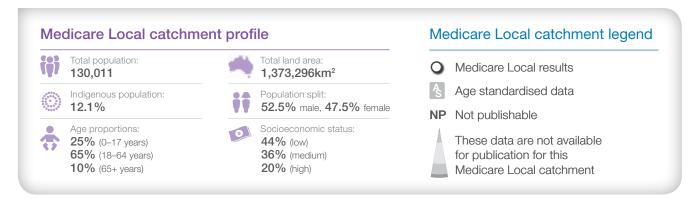
Source: Data sources for each of the measures are listed on page 22.



Goldfields-Midwest

Medicare Local catchment results relative to Rural 2 peer group results, 2011–12





* Result is shown relative to combined Rural 1 and Rural 2 peer group results.

Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

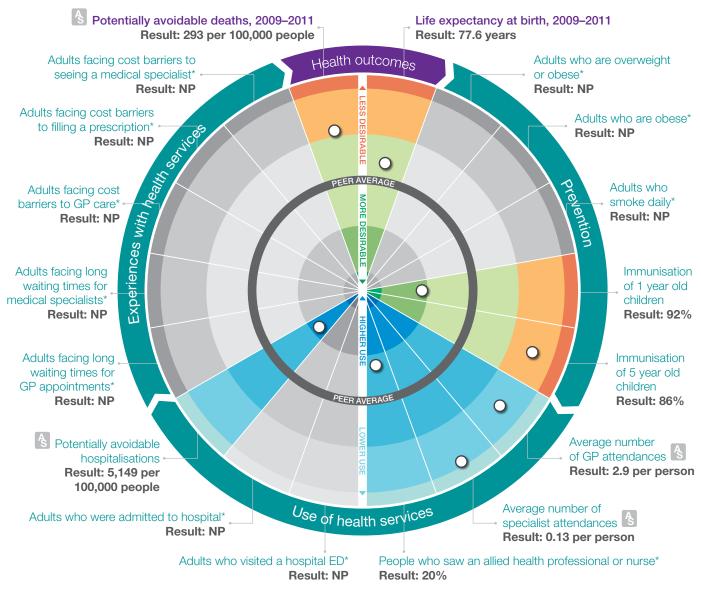
Each Coloured band represents one standard deviation from the peer group average. For more information, refer to the

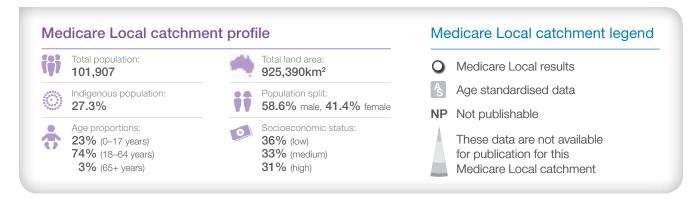
Source: Data sources for each of the measures are listed on page 22.



Kimberley-Pilbara

Medicare Local catchment results relative to Rural 2 peer group results, 2011–12





^{*} Result is shown relative to combined Rural 1 and Rural 2 peer group results.

Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

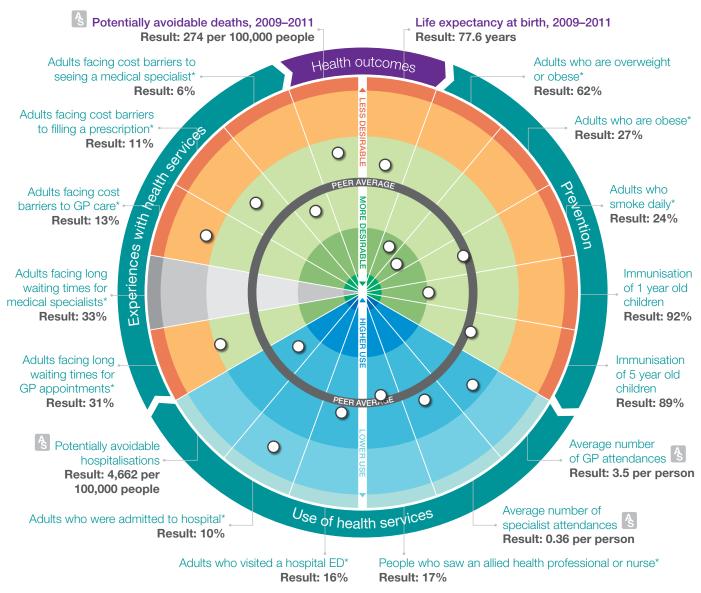
Source: Data sources for each of the measures are listed on page 22.

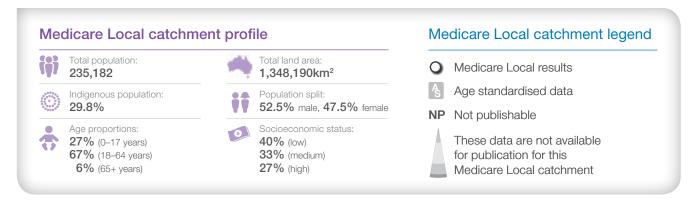
For more information, refer to this report's Technical Supplement at www.myhealthycommunities.gov. au the supplement of the supplement o



Northern Territory

Medicare Local catchment results relative to Rural 2 peer group results, 2011–12





* Result is shown relative to combined Rural 1 and Rural 2 peer group results.

Notes: Results for the Medicare Local catchment are presented relative to the average result for Medicare Local catchments in the same peer group. If there was insufficient data available, Rural 1 and Rural 2 peer groups results were combined to allow comparison of the result to a rural peer group average. Each coloured band represents one standard deviation from the peer group average. For more information, refer to this report's Technical Supplement.

Source: Data sources for each of the measures are listed on page 22.

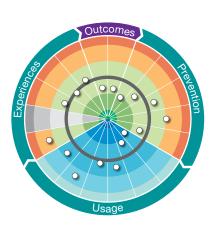
Rural 2 peer group overview

Comparison of Medicare Local catchments' results at a glance

Central & NW Queensland

Outcomes

Far North Queensland



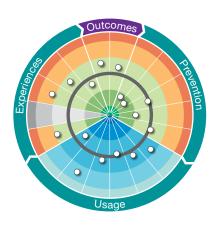
Goldfields-Midwest



Kimberley-Pilbara



Northern Territory



References

- 1. Organisation for Economic Co-operation Development [Internet] OECD Health Data; 2011 [cited 2013 Nov 21]. Available from: http://www.compareyourcountry.org/health/index.php
- 2. Gay, JG et al. Mortality Amendable to Health Care in 31 OECD Countries. 2011
- 3. Nolte E, McKee CM. Variations in amenable mortality Trends in 16 high-income nations. Health Policy. 2011;103:47-52

Acknowledgements

This report has benefited from advice from a number of individuals and organisations with interest and expertise in understanding the public reporting of avoidable death and life expectancy measures.

The National Health Performance Authority established a report advisory committee to provide advice around various aspects of this work. The committee was comprised of:

- Bjorn Jarvis, Director, Demography, Australian Bureau of Statistics
- Jennifer Mayhew-Larsen, Unit Head, Hospitals Information Improvement Unit, Hospitals, Classifications and Performance Group, Australian Institute of Health and Welfare
- Mark Metherell, Communications Manager,
 Consumers Health Forum of Australia
- Helen Moore, Principal Epidemiologist and Manager, Biostatistics and Reporting, Centre for Epidemiology and Evidence, NSW Ministry of Health
- Jennie Roe, Manager, Partnerships, Strategic Communications and Governance, Australian National Preventive Health Agency
- Vanessa Vanderhoek, General Manager, Policy and Strategy, Australian Medicare Local Alliance.

Committee members did not have any role in the writing of this report.

The Authority received advice from both its Primary Health Care Advisory Committee and Jurisdictional Advisory Committee with regard to methods and content.

The report relies on data provided by the Australian Bureau of Statistics (ABS), the Australian Government Department of Health (DoH), and previously reported data provided by state and territory governments (for the selected potentially avoidable hospitalisations measure). These data were used to calculate the performance measures in this report. The Authority conducts checks to ensure data quality, and also relies on the data quality work of the ABS, DoH and the Australian Institute of Health and Welfare.

Thanks are extended to all those who contributed.

About the Authority

The National Health Performance Authority has been set up as an independent agency under the *National Health Reform Act 2011*. It commenced full operations in 2012.

Under the terms of the Act, the Authority monitors and reports on the performance of Local Hospital Networks, public and private hospitals, primary health care organisations and other bodies that provide health care services.

The Authority's reports give all Australians access to timely and impartial information that allows them to compare fairly their local health care organisations against other similar organisations and against national standards.

The reports let people see, often for the first time, how their local health care organisations measure up against comparable organisations across Australia.

The Authority's activities are also guided by a document known as the Performance and Accountability Framework agreed by the Council of Australian Governments. The framework contains 48 indicators that form the basis for the Authority's performance reports.

The Authority's role will include reporting on the performance of health care organisations against the 48 indicators in order to identify both high performing Local Hospital Networks, Medicare Locals and hospitals (so effective practices can be shared), and Local Hospital Networks and Medicare Locals that perform poorly (so that steps can be taken to address problems).

The Authority releases reports on a quarterly basis, and also publishes performance data on the MyHospitals website (www.myhospitals.gov.au), the MyHealthyCommunities website (www.myhealthycommunities.gov.au) and on www.nhpa.gov.au

The Authority consists of a Chairman, a Deputy Chairman and five other members, appointed for up to five years. Members of the Authority are:

- Ms Patricia Faulkner AO (Chairman)
- Mr John Walsh AM (Deputy Chairman)
- Dr David Filby PSM
- Professor Michael Reid
- Professor Bryant Stokes AM RFD (on leave)
- Professor Paul Torzillo AM
- Professor Claire Jackson.

The conclusions in this report are those of the Authority. No official endorsement from any Minister, department of health or health care organisation is intended or should be inferred.

National Health Performance Authority

MDP 158, GPO Box 9848 Sydney, NSW 2001, Australia Telephone: +61 2 9186 9210

www.nhpa.gov.au