Population health profile of the

Southcity

Division of General Practice: supplement

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Interpretation of differences between data in this profile and similar data from other sources needs to be undertaken with care, as such differences may be due to the use of different methodology to produce the data.

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Enquiries about or comments on this publication should be addressed to:

PHIDU, The University of Adelaide, South Australia 5005
Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au

This publication, the maps and supporting data, together with other publications on population health, are available from the PHIDU website (www.publichealth.gov.au).

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Contributors: Anthea Page, Sarah Ambrose, Kristin Leahy and John Glover

Population health profile of the Southcity Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Southcity Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Southcity Division of General Practice, as well as additional indicators and aspects of the Division's socioeconomic status, use of GP services and health. The contents are:

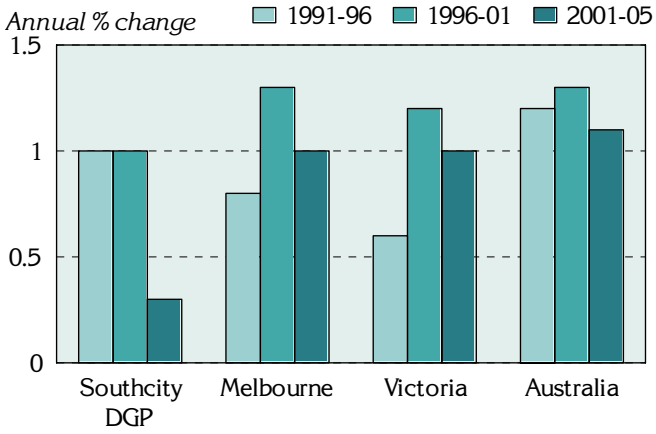
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions
- Avoidable mortality

For further information on the way Division totals in this report have been estimated, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Population

The Southcity Division had an Estimated Resident Population of 187,823 at 30 June 2005.

Figure 1: Annual population change, Southcity DGP, Melbourne, Victoria and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



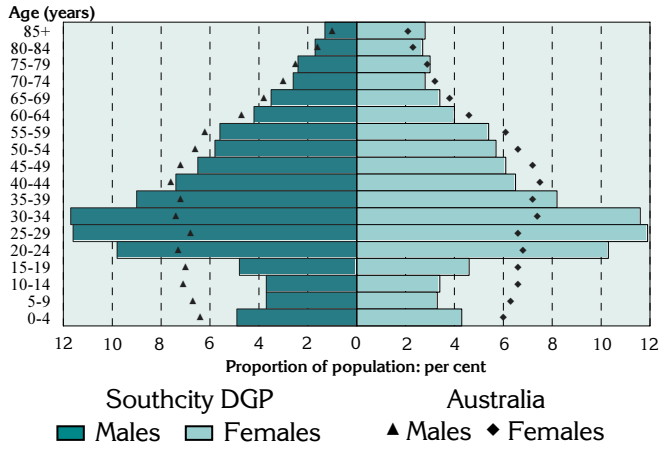
Over the five years from 1991 to 1996, the Division's population increased by 1.0% on average each year, above that in Melbourne (0.8%), and Victoria (0.6%), but lower than for Australia (1.2%). From 1996 to 2001, the annual percentage increase was 1.0%, less than the increases of 1.3% for Melbourne, 1.2% for Victoria. The increase of 0.3% per year in the Division's population from 2001 to 2005 was lower than the increases of 1.0% for Melbourne and Victoria.

Table 1: Population by age, Southcity DGP and Australia, 2005

Age group (years)	Southcity DGP		Australia	
	No.	%	No.	%
0-14	21,893	11.7	3,978,221	19.6
15-24	27,665	14.7	2,819,834	13.9
25-44	73,101	38.9	5,878,107	28.9
45-64	40,549	21.6	4,984,446	24.5
65-74	11,599	6.2	1,398,831	6.9
75-84	9,142	4.9	954,143	4.7
85+	3,875	2.1	315,027	1.5
Total	**187,823**	**100.0**	**20,328,609**	**100.0**

As shown in the accompanying table and the age-sex pyramid below (Figure 2), the Southcity DGP had substantially fewer children than Australia as a whole, with 11.7% at ages 0 to 14 years (compared to 19.6% for Australia) (Table 1). Conversely, the proportion of the Division's population aged 25 to 44 years (38.9%) was markedly higher than for Australia (28.9%).

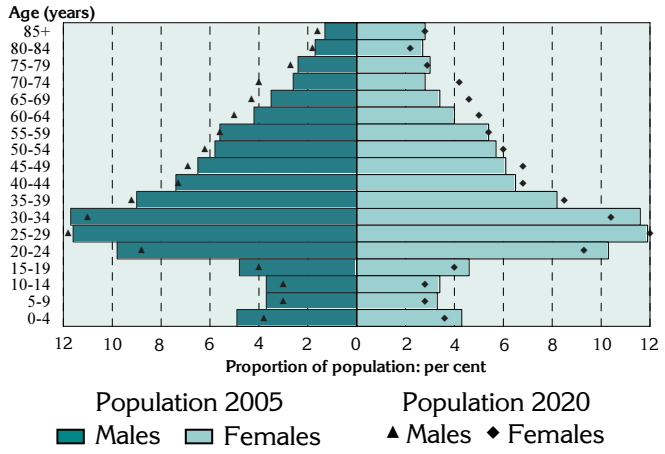
Figure 2: Population in Southcity DGP and Australia, by age and sex, 2005



The most notable differences in the age distribution of the Division's population (when compared to Australia overall) are:

- at younger ages – a lower proportion of children aged 0 to 14 years and young people aged 15 to 19 years;
- from 20 to 39 years – higher proportions of both males and females;
- from 40 to 74 years – lower proportions of both males and females; and
- at the oldest ages – higher proportions, in particular for females.

Figure 3: Population projections for Southcity DGP, by age and sex, 2005 and 2020



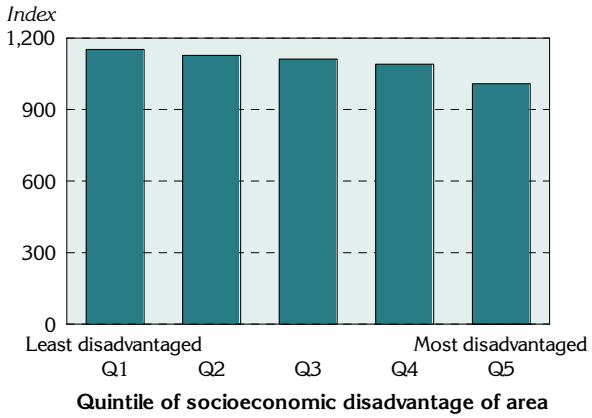
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of children, teenagers and young adults, aged 0 to 24 years;
- from 30 to 34 years – lower proportions of males and females;
- from 35 to 54 years – generally higher proportions of both males and females; and
- at older ages – higher proportions of 60 to 84 year old males and females (until age 74).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Southcity Division of General Practice*, dated November 2005, available from www.publichealth.gov.au, for other socio-demographic indicators.

Figure 4: Index of Relative Socio-Economic Disadvantage, Southcity DGP, 2001



One of four socioeconomic indexes for areas produced at the 2001 ABS Census is the Index of Relative Socio-Economic Disadvantage.

The Southcity DGP has an index score of 1098, above the score for Australia of 1000: this score varies across the Division, from a (still high) score of 1008 in the most disadvantaged areas to 1152 in the least disadvantaged areas.

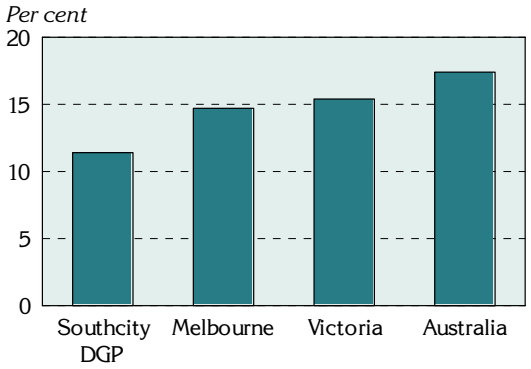
Note: each 'quintile' comprises approximately 20% of the population of the Division.

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. There were markedly fewer jobless families in the Southcity DGP (11.4%), compared to Melbourne as a whole (14.7%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a markedly higher proportion of people with private health insurance (59.1%), compared to Melbourne (49.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Southcity DGP, Melbourne, Victoria and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

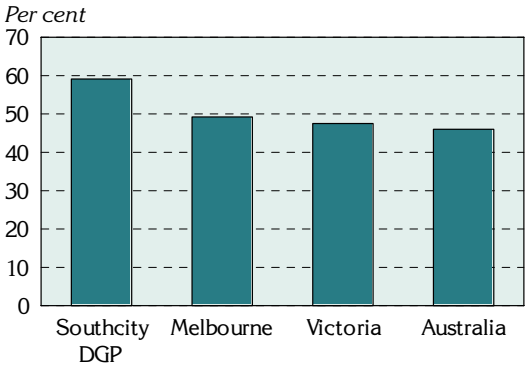
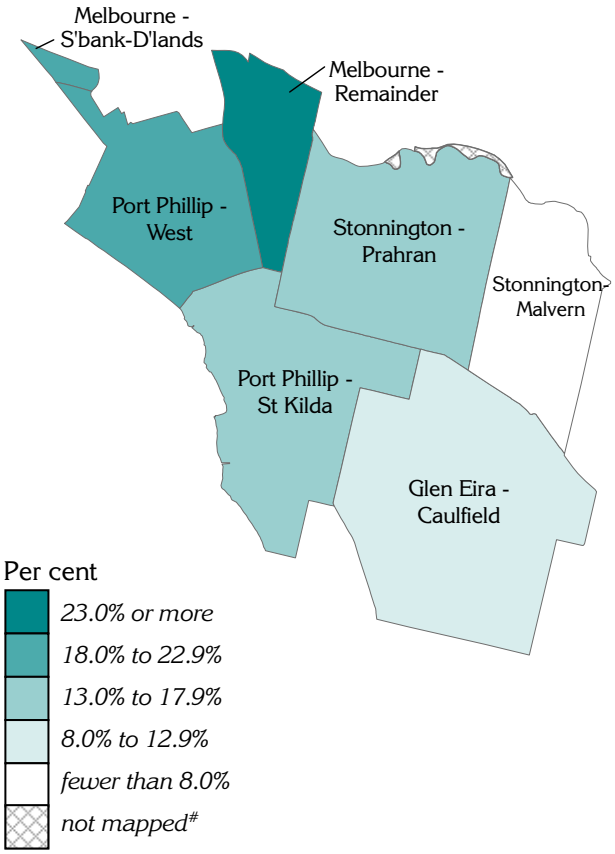


Table 2: Socio-demographic indicators, Southcity DGP, Melbourne, Victoria and Australia, 2001

Indicator	Southcity DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	1,319	11.4	52,418	14.7	77,142	15.4	357,563	17.4
Private health insurance (30 June)	106,651	59.1	1,653,598	49.2	2,196,890	47.5	8,671,106	46.0

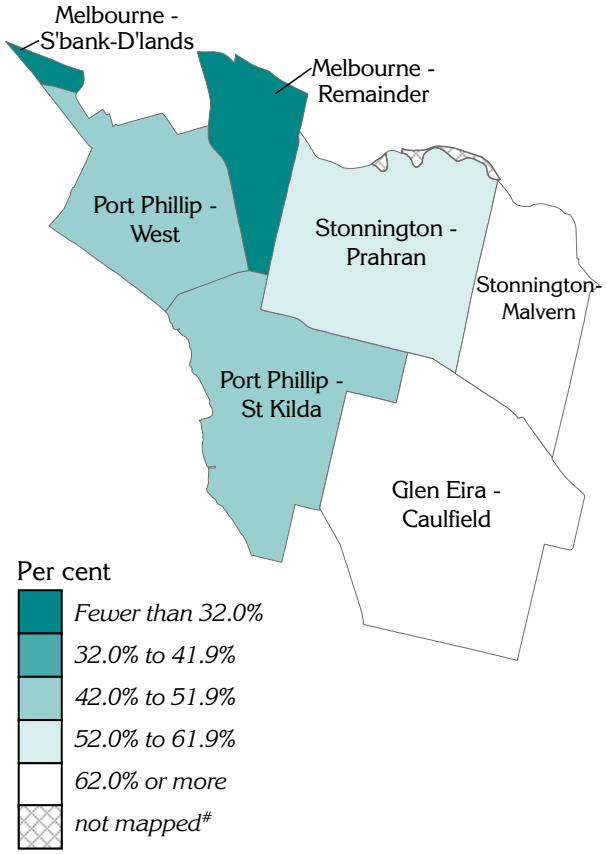
Details of the distribution of jobless families and of the population covered by private health insurance are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

Map 1: Jobless families with children under 15 years of age by SLA, Southcity DGP, 2001



data were not mapped: see 'Mapping' note under Methods

Map 2: People covered by private health insurance by SLA, Southcity DGP, 30 June 2001



data were not mapped: see 'Mapping' note under Methods

GP services to residents of the Southcity DGP

The following tables include information, purchased from Medicare Australia, of the movement of patients and GPs between Divisions. Note that the data only include unreferred attendances recorded under Medicare: unreferred attendances not included are those for which the cost is met by the Department of Veterans' Affairs or a compensation scheme; or are provided by salaried medical officers in hospitals, community health services or Aboriginal Medical Services, and which are not billed to Medicare. At any attendance, one or more services may have been provided.

Almost three quarters (72.0%) of all unreferred attendances to residents of Southcity DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 650,931 GP unreferred attendances (Table 3). A further 8.5% of unreferred attendances to residents were provided by GPs with a provider number in Melbourne DGP, with 3.7% provided by GPs in Central Bayside DGP.

Table 3: Patient flow – People living[1] in Southcity DGP by Division where attendance occurred[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
304	Southcity DGP	650,931	72.0
301	Melbourne DGP	76,762	8.5
313	Central Bayside DGP	33,262	3.7
312	Monash DGP	31,406	3.5
303	Inner Eastern Melbourne DGP	31,087	3.4
311	Greater South Eastern DGP	25,102	2.8
310	Whitehorse DGP	6,440	0.7
Other	..	48,678	5.4
Total	..	**903,668**	**100.0**

[1] **Based on address in Medicare records**
[2] **Division of GP based on provider number**
[3] **Proportion of all unreferred attendances of patients with an address in Division 304 by Division in which attendance occurred**

Only just over half (55.7%) of unreferred attendances provided by GPs with a provider number in Southcity DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 7.4% of unreferred attendances provided by GPs in the Division were to residents of Monash DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs[1] in Southcity DGP by Division of patient address[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
304	Southcity DGP	650,931	55.7
312	Monash DGP	86,542	7.4
301	Melbourne DGP	71,104	6.1
311	Greater South Eastern DGP	61,688	5.3
313	Central Bayside DGP	61,269	5.2
303	Inner Eastern Melbourne DGP	49,639	4.2
310	Whitehorse DGP	18,964	1.6
306	Western Melbourne DGP	18,592	1.6
Other	..	149,915	12.8
Total	..	**1,168,644**	**100.0**

[1] **Division of GP based on provider number**
[2] **Based on address in Medicare records**
[3] **Proportion of all unreferred attendances to GPs with a provider number in Division 304 by Division of patient address**

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Southcity Division of General Practice*, dated November 2005, available from www.publichealth.gov.au, for the separate prevalence estimates of chronic disease; measures of self-reported health and risk factors. The process by which the estimates have been made, and details of their limitations, are also described in the 'Notes on the data' section of this earlier profile.

In this section two estimates, which combine the prevalence of selected chronic diseases with a risk factor, are shown for the Division. The measures are of people who *had asthma and were smokers*, and people who *had type 2 diabetes and were overweight or obese*: note that the estimates have been predicted from self-reported data, and are not based on clinical records or physical measures.

It is estimated that there were relatively fewer people in Southcity DGP who had asthma and were smokers, compared to Melbourne or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower. In contrast, there relatively more people in Southcity DGP who had type 2 diabetes and were overweight/ obese, compared to Melbourne or Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Southcity DGP, Melbourne and Australia, 2001

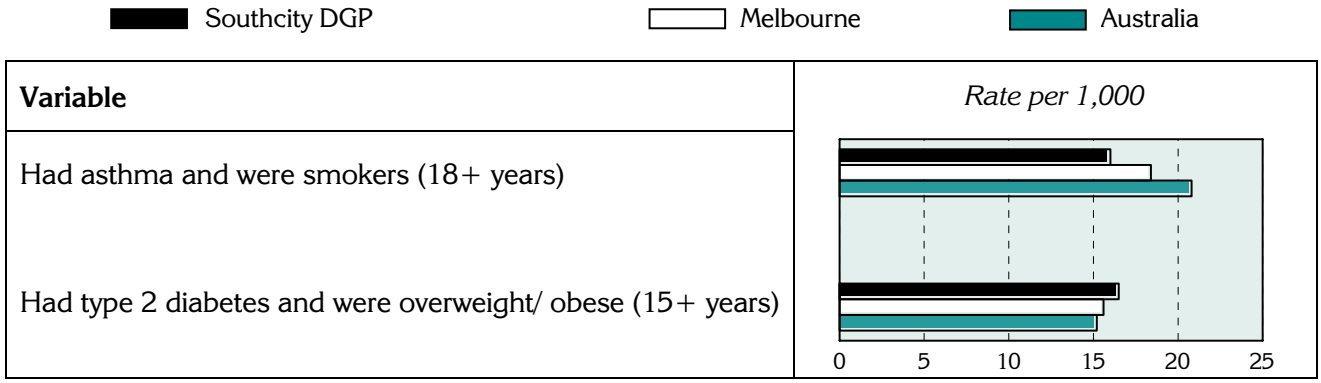


Table 5: Estimates of selected chronic diseases and risk factors, Southcity DGP, Melbourne, Victoria and Australia, 2001

Variable	Southcity DGP		Melbourne		Victoria		Australia	
	No.[1]	Rate[2]	No.[1]	Rate[2]	No.[1]	Rate[2]	No.[1]	Rate[1]
Had asthma & smoked[3]	3,679	16.0	66,240	18.4	95,664	19.9	397,734	20.8
Had type 2 diabetes & were overweight/ obese[4]	2,794	16.5	50,057	15.6	69,192	15.1	283,176	15.2

[1] No. is a weighted estimate of the number of people in Southcity DGP reporting these chronic conditions/ with these risk factors and is derived from synthetic predictions from the 2001 NHS
[2] Rate is the indirectly age-standardised rate per 1,000 population
[3] Population aged 18 years and over
[4] Population aged 15 years and over

Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions

The rationale underlying the concept of avoidable hospitalisations is that timely and effective care of certain conditions, delivered in a primary care setting, can reduce the risk of hospitalisation. Admissions to hospital for these ambulatory care sensitive (ACS) conditions can be avoided in three ways. Firstly, for conditions that are usually preventable through immunisation or nutritional intervention, disease can be prevented almost entirely. Secondly, diseases or conditions that can lead to rapid onset problems, such as dehydration and gastroenteritis, can be treated. Thirdly, chronic conditions, such as congestive heart failure, can be managed to prevent or reduce the severity of acute flare-ups to avoid hospitalisation.

This measure does not include other aspects of avoidable morbidity, namely potentially preventable hospitalisations (hospitalisations resulting from diseases preventable through population based health promotion strategies, e.g. alcohol-related conditions; and most cases of lung cancer) and hospitalisations avoidable through injury prevention (e.g. road traffic accidents).

For information on the ambulatory care sensitive conditions and ICD codes included in the analysis in this section, please refer to the *Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions*, available from www.publichealth.gov.au.

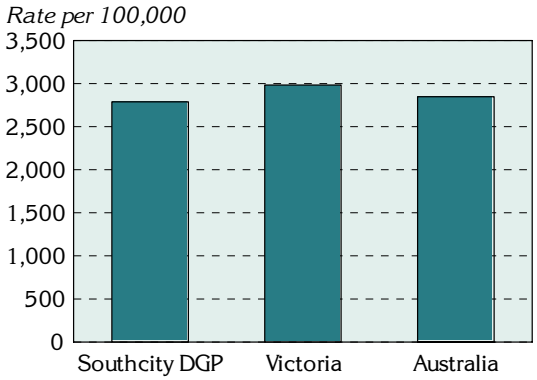
In 2001 to 2002, the 5,138 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.7% of all admissions in the Southcity DGP (Table 6, Figure 7), notably lower than the levels in Victoria (8.8%) and Australia (8.7%).

Table 6: Avoidable[1] and unavoidable hospitalisations, Southcity DGP, Victoria, and Australia, 2001/02

Category	Southcity DGP			Victoria			Australia		
	No.	Rate[2]	%	No.	Rate[2]	%	No.	Rate[2]	%
Avoidable[1]	5,138	2,787.9	7.7	145,135	2,983.2	8.8	552,786	2,847.5	8.7
Unavoidable	61,842	32,044.5	92.3	1,510,437	31,088.3	91.2	5,818,199	29,970.7	91.3
Total	**66,980**	**34,843.1**	**100.0**	**1,655,572**	**34,071.5**	**100.0**	**6,370,985**	**32,818.2**	**100.0**

[1] **Admissions resulting from ACS conditions**
[2] **Rate is the indirectly age-standardised rate per 100,000 population**

Figure 7: Avoidable hospitalisations[1], Southcity DGP, Victoria and Australia, 2001/02



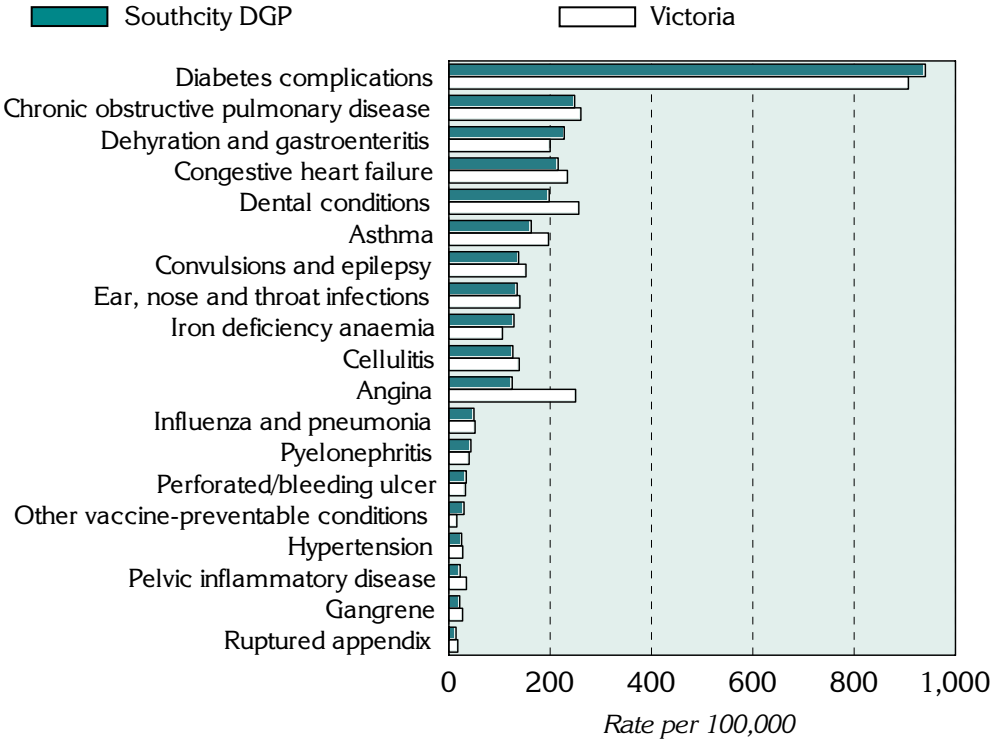
[1] **Admissions resulting from ACS conditions**

The rate of avoidable hospitalisations in Southcity DGP, 2,787.9 admissions per 100,000 population, is lower than the rates for Victoria (a rate of 2,983.2) and for Australia (2,847.5).

Diabetes complications, chronic obstructive pulmonary disease, dehydration and gastroenteritis, congestive heart failure and dental conditions were the five conditions with the highest rates of avoidable hospitalisations in the Southcity DGP (Figure 8, Table 7).

Table 7 shows the number, rate and proportion of avoidable hospitalisations, for the individual ACS conditions, as well as the vaccine-preventable; acute; and chronic sub-categories. The majority of avoidable hospitalisations are attributable to chronic health conditions. The predominance of hospitalisations for chronic conditions in this period can be primarily attributed to the large number of admissions for diabetes complications. Dehydration and gastroenteritis; and dental conditions have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations[1] by condition, Southcity DGP and Victoria, 2001/02



[1] Admissions resulting from ACS conditions: excludes nutritional deficiencies as less than ten admissions

Table 7: Avoidable hospitalisations[1] by condition, Southcity DGP, Victoria and Australia, 2001/02

Sub-category/ condition	Southcity DGP		Victoria		Australia	
	No.	Rate[2]	No.	Rate[2]	No.	Rate[2]
Vaccine-preventable	**148**	**79.9**	**3,293**	**68.0**	**16,573**	**85.4**
Influenza and pneumonia	92	49.7	2,525	52.0	13,021	67.1
Other vaccine preventable	56	30.2	768	16.0	3,552	18.3
Chronic[3]	**3,470**	**1,847.1**	**97,133**	**1,982.6**	**352,545**	**1,816**
Diabetes complications	1,756	940.4	44,409	906.9	141,345	728.1
Iron deficiency anaemia	249	128.8	5,196	105.9	16,451	84.7
Hypertension	49	25.5	1,362	27.7	6,354	32.7
Congestive heart failure	453	216.0	11,655	234.1	42,447	218.6
Angina	238	125.3	12,285	250.4	49,963	257.4
Chronic obstructive pulmonary disease	469	248.4	12,850	260.7	54,853	282.6
Asthma	256	162.7	9,376	196.9	41,009	211.3
Acute	**1,746**	**962.3**	**50,153**	**1,041.7**	**200,913**	**1,035**
Dehydration and gastroenteritis	463	227.9	9,761	200.0	37,766	194.5
Convulsions and epilepsy	243	138.0	7,297	152.4	31,137	160.4
Ear, nose and throat infections	203	135.0	6,653	140.5	32,075	165.2
Dental conditions	321	198.2	12,235	256.7	43,667	224.9
Perforated/bleeding ulcer	69	34.5	1,618	32.9	5,795	29.9
Ruptured appendix	25	14.3	855	17.9	3,866	19.9
Pyelonephritis	87	43.7	1,948	40.2	7,386	38.0
Pelvic inflammatory disease	49	22.5	1,693	34.8	6,547	33.7
Cellulitis	243	126.5	6,751	139.0	28,204	145.3
Gangrene	43	21.7	1,342	27.3	4,470	23.0
Total avoidable hospitalisations[4]	**5,138**	**2,787.9**	**145,135**	**2,983.2**	**552,786**	**2,847.5**

[1] Admissions resulting from ACS conditions
[2] Rate is the indirectly age-standardised rate per 100,000 population
[3] Excludes nutritional deficiencies as less than ten admissions
[4] Sub-category and condition numbers and rates do not add to the reported total avoidable admissions: five conditions (influenza & pneumonia, other vaccine preventable, diabetes complications, ruptured appendix and gangrene) are counted in 'any diagnosis', so may be included in more than one condition group

Avoidable mortality

Avoidable and amenable mortality comprises those causes of death that are potentially avoidable at the present time, given available knowledge about social and economic policy impacts, health behaviours, and health care (the latter relating to the subset of amenable causes).

For information on the avoidable and amenable mortality conditions and ICD codes included in the analysis in this section, please refer to the *Australian and New Zealand Atlas of Avoidable Mortality*, available from www.publichealth.gov.au.

Almost three-quarters (73.6%) of all deaths in Southcity DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly higher than the proportion for Melbourne (71.0%) (Table 8). However, the rate in the Division is notably (14%) higher than that in Melbourne.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 27.5% of all deaths at ages 0 to 74 years in Southcity DGP, compared to 28.7% in Melbourne.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Southcity DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable	1,806	219.2	30,654	193.0	45,466	201.3	189,845	211.8
% of total	**73.6**	**..**	**71.0**	**..**	**70.9**	**..**	**71.5**	**..**
(Amenable)	(675)	(84.6)	(12,406)	(78.4)	(18,406)	(81.4)	(76,249)	(85.1)
(% of total)	**(27.5)**	**(..)**	**(28.7)**	**(..)**	**(28.7)**	**(..)**	**(28.7)**	**(..)**
Unavoidable	647	80.5	12,517	79.1	18,617	82.4	75,582	84.3
% of total	**26.4**	**..**	**29.0**	**..**	**29.1**	**..**	**28.5**	**..**
Total mortality	**2,453**	**299.8**	**51,477**	**272.1**	**64,083**	**283.7**	**265,427**	**296.1**
%	**100.0**	**..**	**100.0**	..	**100.0**	..	**100.0**	..

[1] **Rate is the indirectly age-standardised rate per 100,000 population**

Rates of avoidable mortality were higher for males than for females in each of the comparator areas. Southcity DGP's rate of avoidable mortality for males was 277.2 deaths per 100,000 males, higher than the rate of 160.3 for females. The rate of amenable mortality for males in the Division was higher, 93.0, compared to 76.1 for females, a rate ratio of 1.22 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Note: the different scales

Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and sex	Southcity DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
Males	1,149	277.2	19,378	244.5	29,042	257.0	123,026	272.6
Females	657	160.3	11,276	140.7	16,424	144.8	66,819	150.1
Total	**1,806**	**219.2**	**30,354**	**193.0**	**45,466**	**201.3**	**189,845**	**211.8**
Rate ratio–M:F[2]	**..**	**1.73****	**..**	**1.74****	**..**	**1.77****	**..**	**1.82****
Amenable								
Males	369	93.0	6,667	84.9	10,052	88.9	42,568	94.3
Females	305	76.1	5,739	71.8	8,354	73.7	33,681	75.7
Total	**675**	**84.6**	**12,406**	**78.4**	**18,406**	**81.4**	**76,249**	**85.1**
Rate ratio–M:F[2]	**..**	**1.22****	**..**	**1.18****	**..**	**1.21****	**..**	**1.25****

[1] **Rate is the indirectly age-standardised rate per 100,000 population**

[2] **Rate ratio (M:F) is the ratio of male to female rates; rate ratios differing significantly from 1.0 are shown with * p <0.05; ** p <0.01**

Another way of measuring premature mortality is to calculate the number of years of life lost (YLL)[1], which takes into account the years a person could have expected to live at each age of death based on the average life expectancy at that age.

The numbers of YLL for Southcity DGP, Melbourne, Victoria and Australia over the period of analysis are shown in Table 10 by mortality category. However, given the substantial variation in the populations of these areas, a comparison of the proportion of YLL for each area is also shown.

YLL from avoidable mortality accounted for 75.3% of total YLL (0 to 74 years) for Southcity DGP, higher than the proportion for Melbourne. The proportion of YLL from amenable mortality for Southcity DGP (26.6%) was lower than for Melbourne (28.1%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Southcity DGP		Melbourne		Victoria		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	31,908	75.3	536,388	71.6	790,054	71.5	3,327,375	71.9
(Amenable)	(11,298)	(26.6)	(210,627)	(28.1)	(310,758)	(28.1)	(1,298,430)	(28.0)
Unavoidable	10,487	24.7	212,979	28.4	315,555	28.5	1,303,289	28.1
Total	**42,395**	**100.0**	**749,368**	**100.0**	**1,105,610**	**100.0**	**4,630,664**	**100.0**

[1] Years of life lost were calculated using the remaining life expectancy method (this provides an estimate of the average time a person would have lived had he or she not died prematurely). The reference life table was the Coale and Demeny Model Life Table West level 26 female (for both males and females), with the YLL discounted to net present value at a rate of 3 per cent per year.

In each of the areas in Table 11, the majority of avoidable mortality at ages 0 to 74 years occurred in the 65 to 74 year age group (Table 11), with 1,402.2 deaths per 100,000 population in the Southcity Division. The 45 to 64 year age group accounted for the next highest rate of avoidable death in all of the comparators, with a rate 318.7 in the Southcity Division.

Table 11: Avoidable and amenable mortality by age, Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and age (years)	Southcity DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
0-14	31	26.0	874	26.0	1,290	27.1	5,669	28.8
15-24	55	42.0	1,120	45.2	1,627	49.3	7,045	52.8
25-44	311	92.0	4,090	75.6	5,705	78.9	24,356	83.9
45-64	581	318.7	10,123	273.0	15,004	286.9	64,282	304.9
65-74	828	1,402.2	14,447	1265.1	21,840	1306.6	88,493	1,358.1
Total	**1,806**	**219.2**	**30,654**	**193.0**	**45,466**	**201.3**	**189,845**	**211.8**
Amenable								
0-24	31	14.2	836	14.6	1,189	14.9	5,083	15.4
25-44	56	17.9	963	18.0	1,382	19.1	5,946	20.5
45-64	242	132.9	4,398	118.2	6,489	123.8	27,464	130.3
65-74	346	583.5	6,209	542.7	9,348	558.6	37,756	579.4
Total	**675**	**84.6**	**12,406**	**78.4**	**18,406**	**81.4**	**76,249**	**85.1**

[1] **Rate is the indirectly age-standardised rate per 100,000 population**

Table 12 shows the number and age-standardised death rate by selected major condition group and selected causes included in the avoidable mortality classification.

The highest rates of avoidable mortality for the selected major condition groups in the Southcity DGP were for cancer, with a rate of 71.2 deaths per 100,000 population, and cardiovascular diseases, 65.6 deaths per 100,000 population (Table 12, Figure 10). For the selected causes within the condition groups, the two major causes of avoidable mortality were ischaemic heart disease and lung cancer, with rates of 47.0 per 100,000 population and 24.1 per 100,000, respectively.

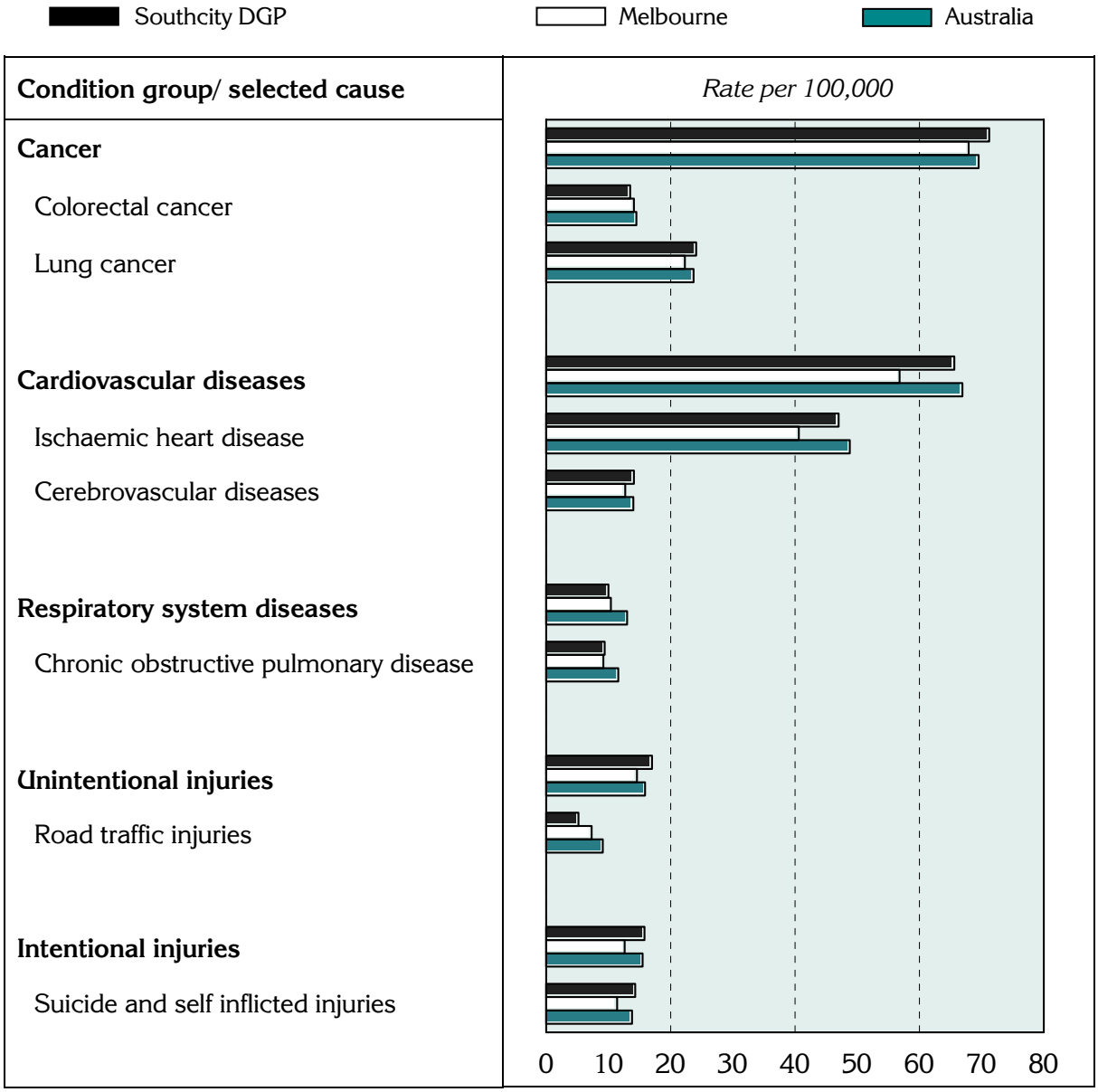
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Southcity DGP, Melbourne, Victoria and Australia, 1997 to 2001

Condition group/ selected cause	Southcity DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Cancer	**571**	**71.2**	**10,739**	**67.9**	**15,813**	**69.8**	**62,338**	**69.5**
Colorectal cancer	108	13.5	2,218	14.1	3,351	14.8	13,008	14.5
Lung cancer	192	24.1	3,505	22.3	5,244	23.1	21,208	23.7
Cardiovascular diseases	**530**	**65.6**	**8,946**	**56.8**	**13,612**	**60.0**	**59,945**	**66.9**
Ischaemic heart disease	378	47.0	6,377	40.6	9,809	43.3	43,712	48.8
Cerebrovascular diseases	115	14.1	2,013	12.7	2,947	12.9	12,558	14.0
Respiratory system diseases	**81**	**10.0**	**1,644**	**10.4**	**2,621**	**11.5**	**11,612**	**13.0**
Chronic obstructive pulmonary disease	75	9.4	1,451	9.2	2,339	10.2	10,395	11.6
Unintentional injuries	**155**	**17.0**	**2,394**	**14.6**	**3,536**	**15.9**	**14,224**	**15.9**
Road traffic injuries	47	5.2	1,192	7.3	1,931	8.7	8,138	9.1
Intentional injuries	**151**	**15.8**	**2,074**	**12.6**	**3,020**	**13.6**	**13,891**	**15.5**
Suicide and self inflicted injuries	137	14.3	1,877	11.4	2,752	12.3	12,393	13.8

[1] **Rate is the indirectly age-standardised rate per 100,000 population**

Rates in the Division were generally above, or consistent with, those for Melbourne and Australia: the exceptions were colorectal cancer, respiratory system diseases (total and COPD) and road traffic injuries (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Southcity DGP, Melbourne and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

References to 'Melbourne' relate to the Melbourne Statistical Division.

Data sources

Table 13 details the data sources for the material presented in this profile.

Table 13: Data sources

Section	Source
Population	
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown
Figure 3	Estimated Resident Population, ABS, 30 June 2005; Population Projections, ABS, 30 June 2020 (unpublished)[1]
Additional socio-demographic indicators	
Figure 4	ABS SEIFA package, Census 2001
Table 2; Figure 5; Map 1	Jobless families, ABS, 2001 (unpublished)
Table 2; Figure 5; Map 2	Private health insurance, from Hansard
GP services – patient flow/ GP catchment	
Tables 3 and 4	Medicare Australia, 2003/04
Additional prevalence estimates: chronic diseases and risk factors combined	
Figure 6; Table 5	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)
Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions	
Tables 6 and 7; Figures 7 and 8	National Hospital Morbidity Database at Australian Institute of Health & Welfare, 2001/02; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)
Avoidable mortality	
Tables 8, 9, 10, 11 and 12; Figures 9 and 10	ABS Deaths 1997-2001; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)

[1] **The projected population at June 2020 is based on the 2002 ERP. As such, it is somewhat dated, and does not take into account more recent demographic trends: it is however the only projection series available at the SLA level for the whole of Australia.**

Methods

For background information on the additional prevalence estimates presented in this profile, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Please also refer to the November 2005 profile for information on the data converters.

Mapping

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population; or has a population of less than 100 or has less than 1% of the SLAs total population; or there were less than five cases (ie. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Southcity DGP

For information on the postcodes in the Division, please refer the Department of Health and Ageing website http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm; also included in table format in the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data. In this Division, some Local Government Areas (LGAs) have been split into SLAs. For example, Port Phillip has two SLAs: St Kilda (all in the Division) and West (a majority of which is in the Division). These SLAs and all or parts of the other SLAs listed comprise the Division (Table 14).

Table 14: SLAs and population in Southcity DGP, 2005 on 2001 boundaries

SLA code	SLA name	Per cent of the SLA's population in the Division*	Estimate of the SLA's 2005 population in the Division
22311	Glen Eira - Caulfield	57.9	43,679
24605	Melbourne - Southbank-Docklands	35.7	4,112
24608	Melbourne - Remainder	13.5	6,020
25901	Port Phillip - St Kilda	100.0	49,072
25902	Port Phillip - West	65.7	22,404
26351	Stonnington - Prahran	100.0	45,292
26352	Stonnington - Malvern	38.3	17,244

* **Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas**

Acknowledgements

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Further developments and updates

When the re-aligned boundaries are released and DoHA have made known their geographic composition, PHIDU will examine the need to revise and re-publish these profiles (*Population health profile*, dated November 2005, and the *Population health profile: supplement*, dated March 2007).

PHIDU contact details

For general comments, data issues or enquiries re information on the web site, please contact PHIDU:

Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au