

Population health profile of the South East Alliance (Brisbane)

Division of General Practice: supplement

Population Profile Series: No. 68a

PHIDU

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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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Population health profile of the South East Alliance (Brisbane) Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the South East Alliance (Brisbane) Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the South East Alliance (Brisbane) 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:

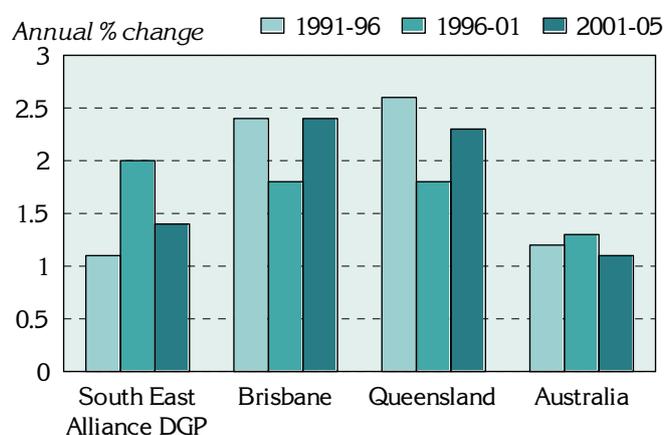
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 South East Alliance (Brisbane) Division had an Estimated Resident Population of 328,922 at 30 June 2005.

Figure 1: Annual population change, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



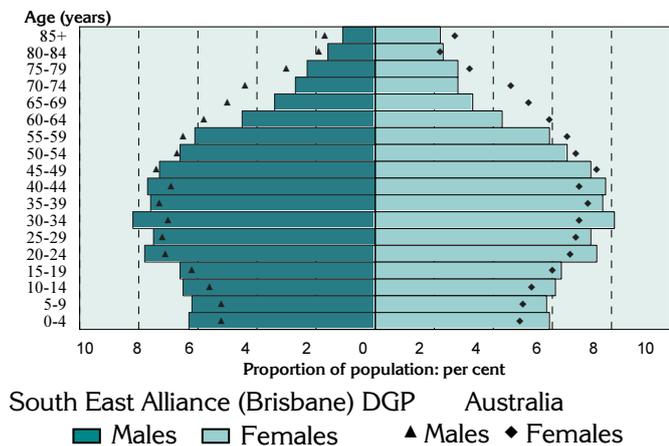
Over the five years from 1991 to 1996, the Division's population increased by 1.1% on average each year, lower than in Brisbane (2.4%) and Queensland (2.6%) and Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 2.0%, higher than in Brisbane and Queensland (both 1.8%), and also above that for Australia (1.3%). The growth rate of 1.4% per year from 2001 to 2005 was lower than Brisbane and Queensland (2.4% and 2.3%), but higher than for Australia (1.1%).

Table 1: Population by age, South East Alliance (Brisbane) DGP and Australia, 2005

Age group (years)	South East Alliance (Brisbane) DGP		Australia	
	No.	%	No.	%
0-14	60,307	18.3	3,978,221	19.6
15-24	46,613	14.2	2,819,834	13.9
25-44	101,965	31.0	5,878,107	28.9
45-64	79,655	24.2	4,984,446	24.5
65-74	20,142	6.1	1,398,831	6.9
75-84	14,763	4.5	954,143	4.7
85+	5,478	1.7	315,027	1.5
Total	328,922	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below, South East Alliance (Brisbane) DGP had a slightly lower proportion of children than Australia as a whole, with 18.3% at ages 0 to 14 years (compared to 19.6%) (Table 1). Conversely, there were slightly more people aged 25 to 44 and 85+ years (31.0% and 1.7%, respectively) compared to Australia (28.9% and 1.5%, respectively).

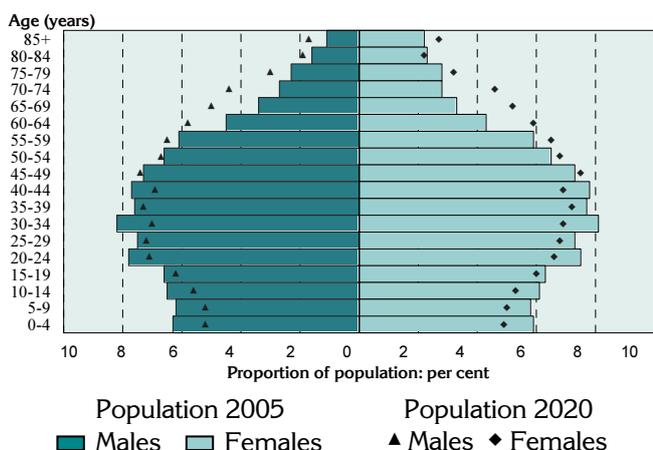
Figure 2: Population in South East Alliance (Brisbane) DGP and Australia, by age and sex, 2005



The age distribution of the Division's population is similar to that for Australia overall. The most notable differences are:

- at younger ages – relatively fewer children aged 0 to 14 years and young people aged 15 to 19 years;
- from 20 to 44 years – relatively fewer males and females; and
- at older ages - fewer males aged 55 to 85+ years, and females aged 55 to 79 years and 85+ years.

Figure 3: Population projections for South East Alliance (Brisbane) DGP, by age and sex, 2005 and 2020



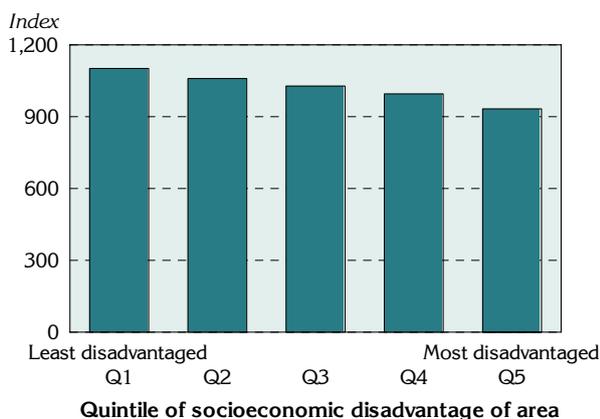
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- lower proportions of males and females aged 0 to 44 years;
- at ages 45 to 79 – higher proportions of males and females (most pronounced at ages 60 to 74 years); and
- slightly more males aged 75 years and over, and females aged 85 years and over.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the South East Alliance (Brisbane) 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, South East Alliance (Brisbane) DGP, 2001



One of four socioeconomic indexes for areas produced at the 2001 ABS Census is the Index of Relative Socio-Economic Disadvantage. The South East Alliance (Brisbane) DGP has an index score of 1023, above the score for Australia of 1000: this score varies across the Division, from a low of 933 in the most disadvantaged areas to 1101 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 notably fewer jobless families in the Division (14.3%), compared to Brisbane as a whole (17.7%) (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). The Division had a slightly

higher proportion of the population with private health insurance (45.5%), compared to Brisbane (43.5%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 2001

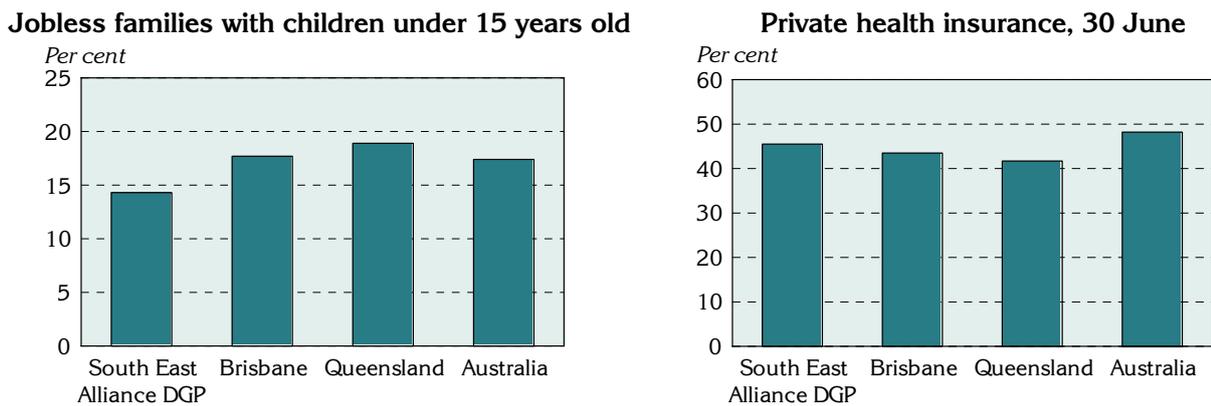
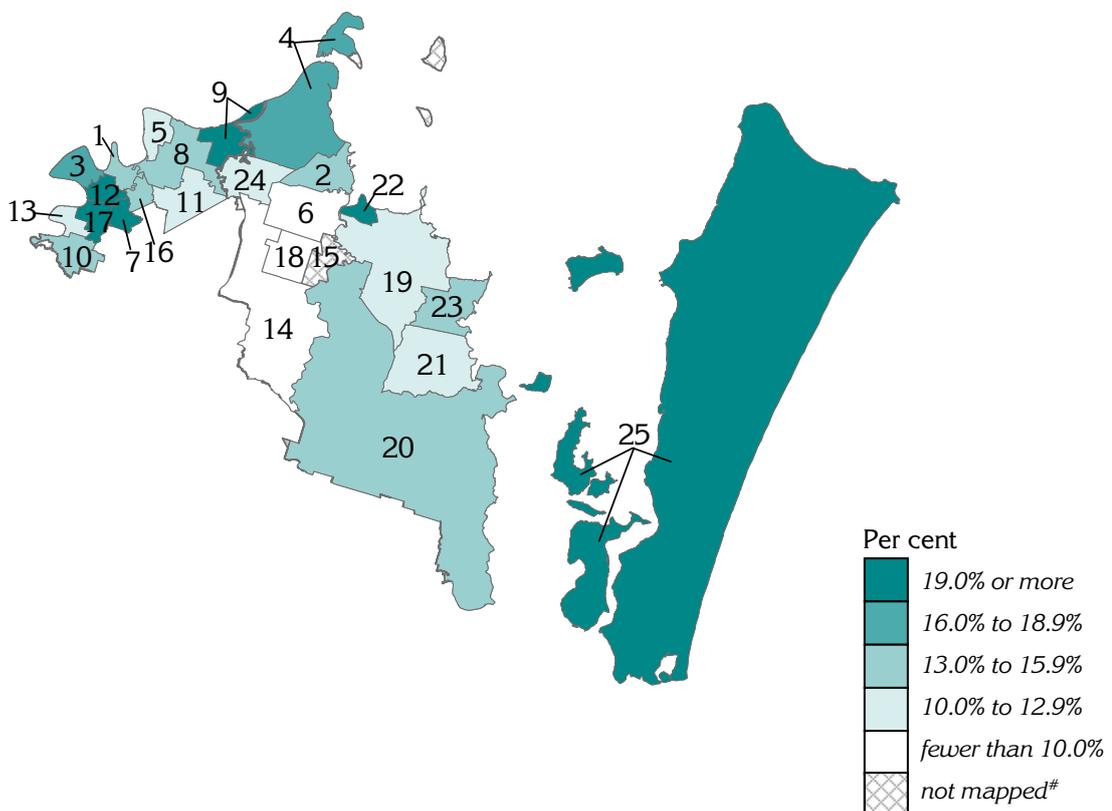


Table 2: Socio-demographic indicators, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 2001

Indicator	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	4,394	14.3	31,941	17.7	74,942	18.9	357,563	17.4
Private health insurance (30 June)	134,352	45.5	698,753	43.5	1,511,613	41.7	8,671,106	46.0

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

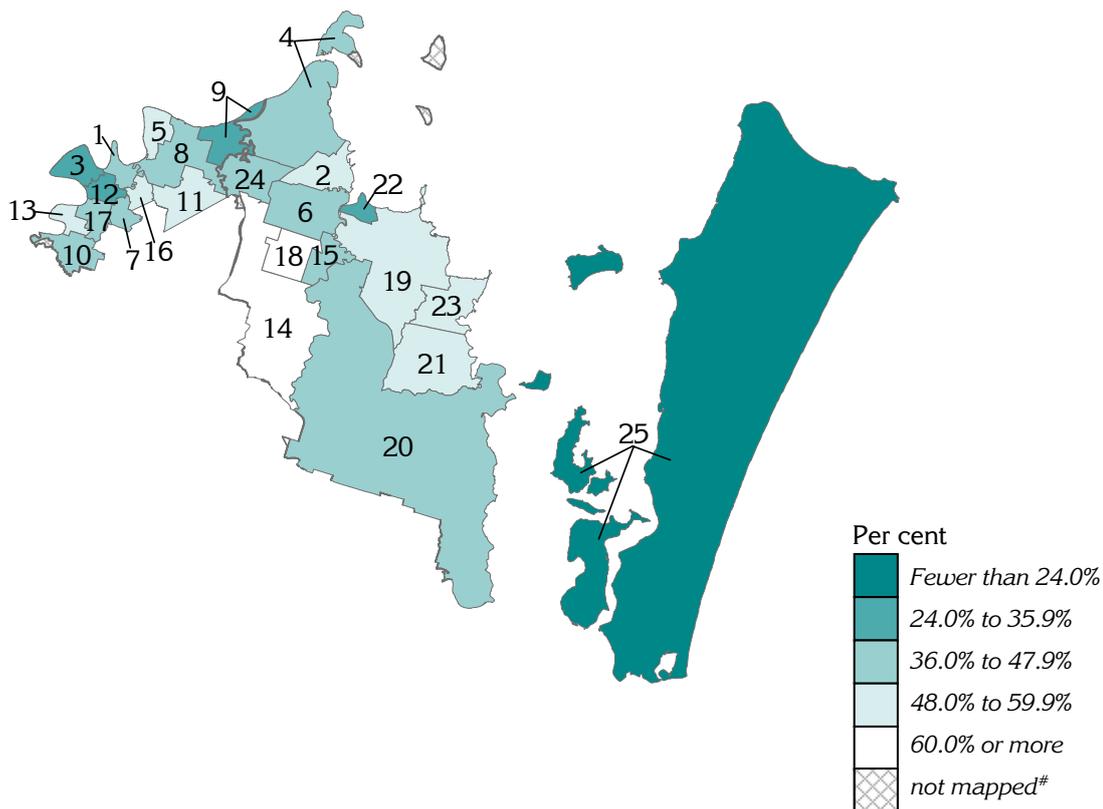
Map 1: Jobless families with children under 15 years of age by SLA, South East Alliance (Brisbane) DGP, 2001



For map labels: see next page

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

Map 2: People covered by private health insurance by SLA, South East Alliance (Brisbane) DGP, 30 June 2001



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

Alphabetical key to SLA/SLA group, South East Alliance (Brisbane) DGP, 2001			
Annerley/Fairfield	17	Greenslopes	7
Balmoral/Hawthorne	5	Gumdale/Wakerley	6
Birkdale/Ormiston	19	Hemmant-Lytton/Wynnum	4
Burbank/Belmont-Mackenzie	15	Lota/Manly/Manly West	2
Camp Hill/Carindale	14	Moorooka/Yeerongpilly	10
Cannon Hill/Norman Park	8	Murarrie	9
Capalaba/Redland Bay	20	Redland Balance	25
Capalaba West	15	Thorneside	22
Chandler	18	Thornlands	21
Cleveland	23	Tingalpa	24
Coorparoo	16	West End/Highgate Hill	3
Dutton Park/Woolloongabba	12	Yeronga	13
East Brisbane/Kangaroo Point	1		

GP services to residents of the South East Alliance (Brisbane) 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 unreferral attendances recorded under Medicare: unreferral 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.

Four fifths (80.4%) of all unreferral attendances to residents of South East Alliance (Brisbane) DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,241,636 GP unreferral attendances (Table 3). A further 7.6% of unreferral attendance to residents were provided by GPs with a provider number in Brisbane South DGP, with 6.6% provided by GPs in GPpartners DGP.

Table 3: Patient flow – People living¹ in South East Alliance (Brisbane) DGP by Division where attendance occurred², 2003-04

Division		Unreferral attendances	
Number	Name	No.	% ³
401	South East Alliance (Brisbane) DGP	1,241,636	80.4
402	Brisbane South DGP	117,261	7.6
405	GPpartners DGP	102,635	6.6
404	Logan Area DGP	29,206	1.9
406	Gold Coast DGP	7,626	0.5
418	Sunshine Coast DGP	6,102	0.4
Other	..	40,689	2.6
Total	..	1,545,155	100.0

¹ Based on address in Medicare records

² Division of GP based on provider number

³ Proportion of all unreferral attendances of patients with an address in Division 401 by Division in which attendance occurred

Over three quarters (78.9%) of unreferral attendances provided by GPs with a provider number in South East Alliance (Brisbane) DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 9.0% of unreferral attendance by GPs in the Division were to people living in Brisbane South DGP, with 3.9% to residents of GPpartners DGP.

Table 4: GP catchment – Unreferral attendances provided by GPs¹ in South East Alliance (Brisbane) DGP by Division of patient address², 2003-04

Division		Unreferral attendances	
Number	Name	No.	% ³
401	South East Alliance (Brisbane) DGP	1,241,636	78.9
402	Brisbane South DGP	140,979	9.0
405	GPpartners DGP	62,022	3.9
404	Logan Area DGP	48,052	3.1
408	Ipswich & West Moreton DGP	12,223	0.8
406	Gold Coast DGP	9,456	0.6
Other	..	59,092	3.8
Total	..	1,573,460	100.0

¹ Division of GP based on provider number

² Based on address in Medicare records

³ Proportion of all unreferral attendances to GPs with a provider number in Division 401 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the South East Alliance (Brisbane) 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.

The prevalence rates per 1,000 population for people in South East Alliance (Brisbane) DGP who had asthma and were smokers were consistent with those in Brisbane and Australia (Figure 6, Table 5). However, there were relatively fewer people in South East Alliance (Brisbane) DGP who had type 2 diabetes and were overweight/ obese, compared to Australia or Brisbane.

Figure 6: Estimates of selected chronic diseases and risk factors, South East Alliance (Brisbane) DGP, Brisbane and Australia, 2001

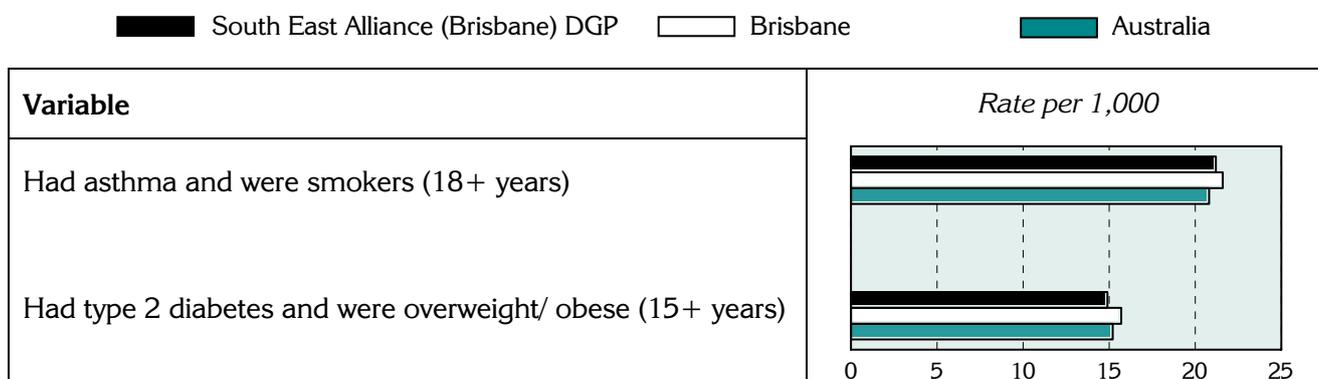


Table 5: Estimates of selected chronic diseases and risk factors, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 2001

Variable	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	6,704	21.2	37,177	21.6	83,759	23.2	397,734	20.8
Had type 2 diabetes & were overweight/obese ⁴	4,198	14.9	23,133	15.7	52,952	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in South East Alliance (Brisbane) 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 8,810 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.8% of all admissions in the South East Alliance (Brisbane) DGP (Table 6, Figure 7), below the levels in Queensland (8.5%) and Australia (8.7%).

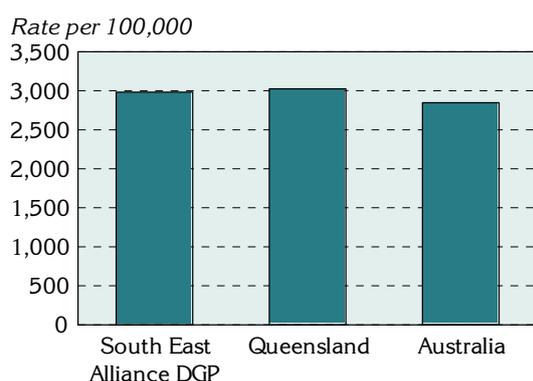
Table 6: Avoidable¹ and unavoidable hospitalisations, South East Alliance (Brisbane) DGP, Queensland, and Australia, 2001/02

Category	South East Alliance (Brisbane) DGP			Queensland			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	8,810	2,982.2	7.8	106,884	3,025.0	8.5	552,786	2,847.5	8.7
Unavoidable	104,198	34,828.2	92.2	1,153,519	32,410.1	91.5	5,818,199	29,970.7	91.3
Total	113,008	37,814.2	100.0	1,260,403	35,435.5	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 hospitalisations¹, South East Alliance (Brisbane) DGP, Queensland and Australia, 2001/02



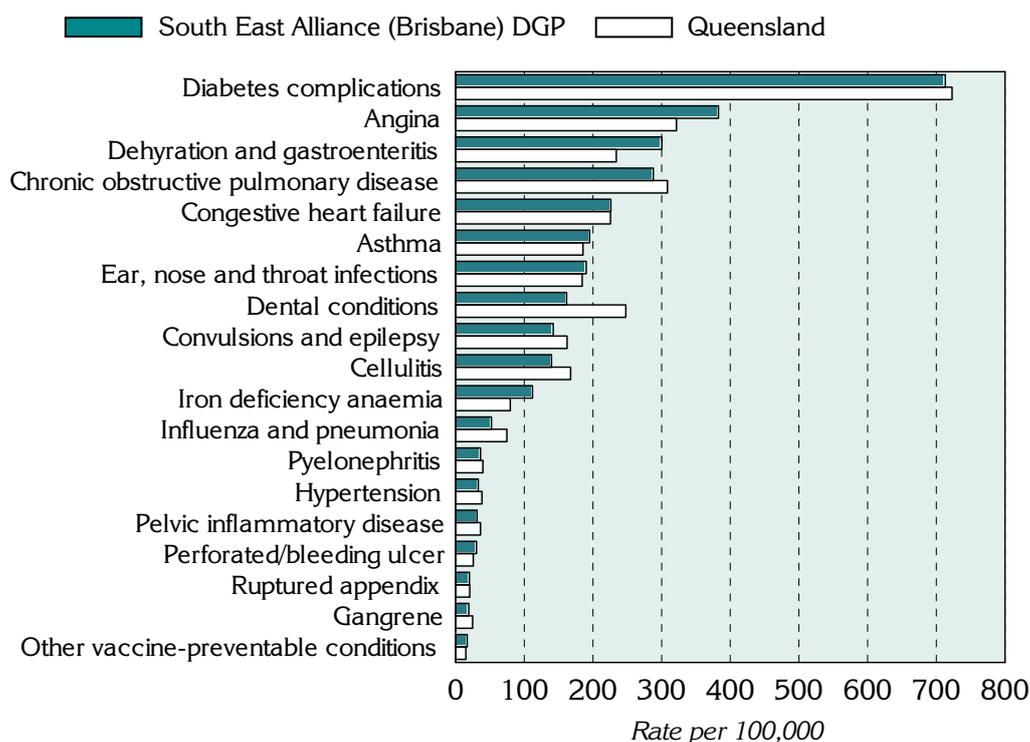
The rate of avoidable hospitalisations in South East Alliance (Brisbane) DGP is lower, a rate of 2,982.2 admissions per 100,000 population, compared to Queensland (a rate of 3,025.0) and higher than for Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, angina, dehydration and gastroenteritis, chronic obstructive pulmonary disease and congestive heart failure were the conditions with the highest rates of avoidable hospitalisations in the South East Alliance (Brisbane) 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. Almost two-thirds 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 ear, nose and throat infections have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, South East Alliance (Brisbane) DGP and Queensland, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, South East Alliance (Brisbane) DGP, Queensland and Australia, 2001/02

Sub-category/ condition	South East Alliance (Brisbane) DGP		Queensland		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	206	68.9	3,188	89.6	16,573	85.4
Influenza and pneumonia	155	52.1	2,646	74.6	13,021	67.1
Other vaccine preventable	51	16.8	542	15.0	3,552	18.3
Chronic³	5,734	1,950.2	65,455	1,882.0	352,545	1,816
Diabetes complications	2,086	713.1	25,175	722.9	141,345	728.1
Iron deficiency anaemia	335	112.0	2,772	79.7	16,451	84.7
Hypertension	98	33.0	1,324	38.3	6,354	32.7
Congestive heart failure	680	226.2	7,617	225.5	42,447	218.6
Angina	1,126	382.8	11,134	321.5	49,963	257.4
Chronic obstructive pulmonary disease	838	287.9	10,619	308.5	54,853	282.6
Asthma	571	195.2	6,814	185.6	41,009	211.3
Acute	3,197	1,070.4	41,300	1,143.3	200,913	1,035
Dehydration and gastroenteritis	910	300.2	8,278	234.1	37,766	194.5
Convulsions and epilepsy	423	142.1	5,902	162.3	31,137	160.4
Ear, nose and throat infections	554	190.1	6,829	184.4	32,075	165.2
Dental conditions	475	161.6	9,101	247.8	43,667	224.9
Perforated/bleeding ulcer	91	30.4	892	25.8	5,795	29.9
Ruptured appendix	60	20.1	754	20.7	3,866	19.9
Pyelonephritis	111	36.2	1,437	39.8	7,386	38.0
Pelvic inflammatory disease	98	31.2	1,315	36.2	6,547	33.7
Cellulitis	418	139.5	5,930	167.4	28,204	145.3
Gangrene	57	19.0	862	24.8	4,470	23.0
Total avoidable hospitalisations⁴	8,810	2,982.2	106,884	3,025.0	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 (73.3%) of all deaths in South East Alliance (Brisbane) DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, consistent with the proportion for Brisbane (72.7%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.6% of all deaths at ages 0 to 74 years in South East Alliance (Brisbane) DGP, compared to 28.6% in Brisbane.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001

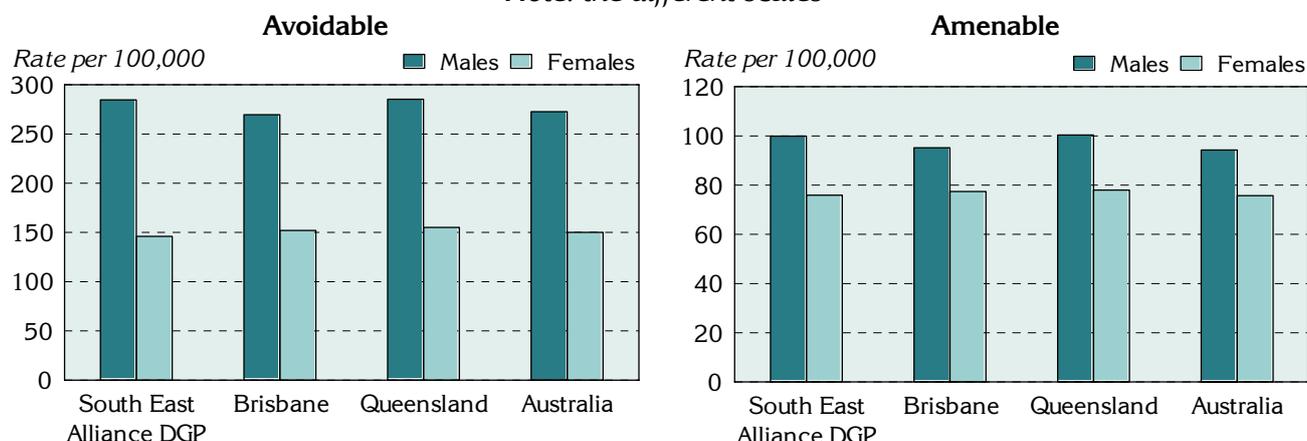
Mortality category	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,831	215.7	14,656	211.2	35,515	220.6	189,845	211.8
% of total	73.3	..	72.7	..	72.8	..	71.5	..
(Amenable)	(1,145)	(88.0)	(5,940)	(86.4)	(14,323)	(89.3)	(76,249)	(85.1)
(% of total)	(29.6)	(..)	(29.5)	(..)	(29.3)	(..)	(28.7)	(..)
Unavoidable	1,034	79.3	5,498	79.7	13,291	82.7	75,582	84.3
% of total	26.8	..	27.3	..	27.2	..	28.5	..
Total mortality	3,864	295.0	20,154	291.0	48,806	303.4	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. South East Alliance (Brisbane) DGP's rate of avoidable mortality for males was 284.6 deaths per 100,000 males, almost twice the rate of 146.0 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 99.9, compared to 75.9 for females, a rate ratio of 1.32 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001

Note: the different scales



**Table 9: Avoidable and amenable mortality (0 to 74 years) by sex,
South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001**

Mortality category and sex	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
	Avoidable							
Males	1,869	284.6	9,362	269.5	23,316	285.3	123,026	272.6
Females	962	146.0	5,294	152.0	12,199	155.1	66,819	150.1
Total	2,831	215.7	14,656	211.2	35,515	220.6	189,845	211.8
Rate ratio–M:F²	..	1.95**	..	1.77**	..	1.84**	..	1.82**
Amenable								
Males	646	99.9	3,249	95.2	8,181	100.4	42,568	94.3
Females	498	75.9	2,691	77.4	6,142	78.0	33,681	75.7
Total	1,145	88.0	5,940	86.4	14,323	89.3	76,249	85.1
Rate ratio–M:F²	..	1.32**	..	1.23**	..	1.29**	..	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 South East Alliance (Brisbane) DGP, Brisbane, Queensland 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 73.6% of total YLL (0 to 74 years) for South East Alliance (Brisbane) DGP, higher than the 72.8% for Brisbane. The proportion of YLL from amenable mortality of 29.0% for South East Alliance (Brisbane) DGP was consistent with 28.9% for Brisbane.

**Table 10: Years of life lost from avoidable mortality (0 to 74 years),
South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001**

Mortality category	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
	Avoidable	49,667	73.6	260,170	72.8	629,779	72.9	3,327,375
(Amenable)	(19,550)	(29.0)	(103,340)	(28.9)	(247,893)	(28.7)	(1,298,430)	(28.0)
Unavoidable	17,791	26.4	97,013	27.2	234,699	27.1	1,303,289	28.1
Total	67,458	100.0	357,183	100.0	864,478	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 1,402.0 deaths per 100,000 population in South East Alliance (Brisbane) 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 317.8 in South East Alliance (Brisbane) Division.

Table 11: Avoidable and amenable mortality by age, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001

Mortality category and age (years)	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	73	26.3	500	30.1	1,208	32.2	5,669	28.8
15-24	90	42.4	562	44.8	1,386	54.3	7,045	52.8
25-44	388	84.0	1,916	77.8	4,527	84.9	24,356	83.9
45-64	983	317.8	5,107	301.7	12,543	322.5	64,282	304.9
65-74	1,298	1,402.0	6,571	1410.9	15,851	1404.6	88,493	1,358.1
Total	2,831	215.7	14,656	211.2	35,515	220.6	189,845	211.8
Amenable								
0-24	67	14.2	451	15.9	1,059	16.8	5,083	15.4
25-44	98	21.4	491	20.1	1,165	21.8	5,946	20.5
45-64	437	141.7	2,236	132.2	5,352	137.9	27,464	130.3
65-74	542	583.9	2,762	591.5	6,748	599.1	37,756	579.4
Total	1,145	88.0	5,940	86.4	14,323	89.3	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 South East Alliance (Brisbane) DGP were for cancer, with a rate of 72.9 deaths per 100,000 population, and cardiovascular diseases, 70.9 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 52.2 per 100,000 population and 24.7 per 100,000, respectively.

Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, South East Alliance (Brisbane) DGP, Brisbane, Queensland and Australia, 1997 to 2001

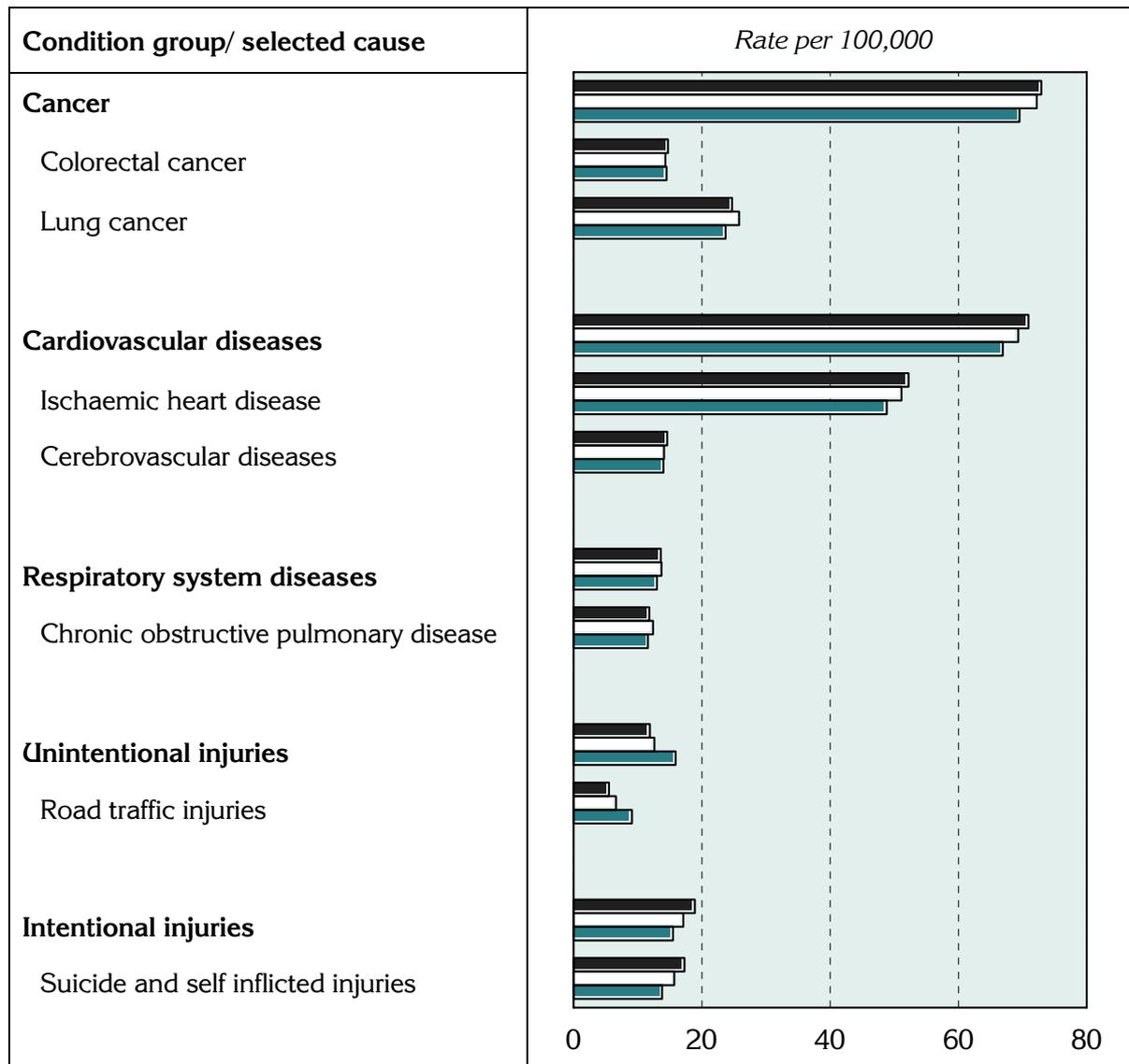
Condition group/ selected cause	South East Alliance (Brisbane) DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	947	72.9	4,928	72.2	11,618	72.6	62,338	69.5
Colorectal cancer	190	14.7	967	14.3	2,392	15.0	13,008	14.5
Lung cancer	318	24.7	1,733	25.8	4,062	25.4	21,208	23.7
Cardiovascular diseases	917	70.9	4,648	69.3	11,294	71.0	59,945	66.9
Ischaemic heart disease	675	52.2	3,429	51.1	8,434	52.9	43,712	48.8
Cerebrovascular diseases	190	14.6	947	14.1	2,210	14.0	12,558	14.0
Respiratory system diseases	175	13.6	906	13.7	2,168	13.7	11,612	13.0
Chronic obstructive pulmonary disease	151	11.8	811	12.4	1,970	12.5	10,395	11.6
Unintentional injuries	166	11.9	968	12.6	2,630	15.8	14,224	15.9
Road traffic injuries	76	5.5	511	6.6	1,565	9.4	8,138	9.1
Intentional injuries	265	18.9	1,305	17.1	3,017	18.2	13,891	15.5
Suicide and self inflicted injuries	243	17.3	1,198	15.7	2,719	16.4	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 in Australia and Brisbane, with the main exceptions of unintentional injuries and road traffic accidents (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, South East Alliance (Brisbane) DGP, Brisbane and Australia, 1997 to 2001

South East Alliance (Brisbane) DGP
 Brisbane
 Australia



Notes on the data

Data sources and limitations

General

References to 'Brisbane' relate to the Brisbane 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 (i.e. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the South East Alliance (Brisbane) 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 Brisbane, SLAs are based on suburbs: as many of these have very small populations, they have in some cases been grouped to form areas of larger population: the groupings are those used in HealthWIZ. The individual suburbs and groups of suburbs that comprise the Division are listed in Table 14. The SLA group name does not in all cases include the names of all suburbs (SLAs) in the group: all relevant SLA codes are shown in the table.

Table 14: SLAs and population in South East Alliance (Brisbane) DGP, 2005 on 2001 boundaries

SLA code ¹	SLA/ SLA group name	Per cent of SLA/ SLA group's population in the Division*	Estimate of the SLA/ SLA group's 2004 population in the Division
31015, 31214	Annerley/Fairfield	100.0	11,737
31042, 31086, 31258	Balmoral/Hawthorne	100.0	13,504
36251, 36254, 36264, 36276	Birkdale/Ormiston	100.0	48,088
31057, 31091	Burbank/Belmont-Mackenzie	100.0	6,212
31097, 31108, 31113, 31116	Camp Hill/Carindale	50.0	19,703
31102, 31397, 31432	Cannon Hill/Norman Park	100.0	20,871
31105	Capalaba West	100.0	391
36257, 36265, 36267, 36273	Capalaba/Redland Bay	100.0	47,419
31124	Chandler	100.0	1,106
36262	Cleveland	100.0	14,009
31157	Coorparoo	50.0	7,163
31187, 31631	Dutton Park/Woolloongabba	100.0	5,311
31195, 31304	East Brisbane/Kangaroo Point	100.0	11,664
31247	Greenslopes	100.0	7,896
31252, 31476, 31601	Gumdale/Wakerley	100.0	5,265
31265, 31637, 31642	Hemmant-Lytton/Wynnum	100.0	26,276
31337, 31364, 31367	Lota/Manly/Manly West	100.0	17,524
31391, 31645	Moorooka/Yeerongpilly	100.0	11,443
31413	Murarrie	100.0	2,458
36283	Redland Balance	100.0	6,817
36268	Thorneside	100.0	3,487
36271	Thornlands	100.0	10,409
31571	Tingalpa	100.0	9,130
31277, 31525, 31607	West End/Highgate Hill	100.0	15,536
31648	Yeronga	100.0	5,503

* 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

Funding for these profiles was provided by the Population Health Division of the Department of Health and Ageing (DoHA).

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

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