

Population health profile of the Far North Queensland Rural 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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Population health profile of the Far North Queensland Rural Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Far North Queensland Rural Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Far North Queensland Rural 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:

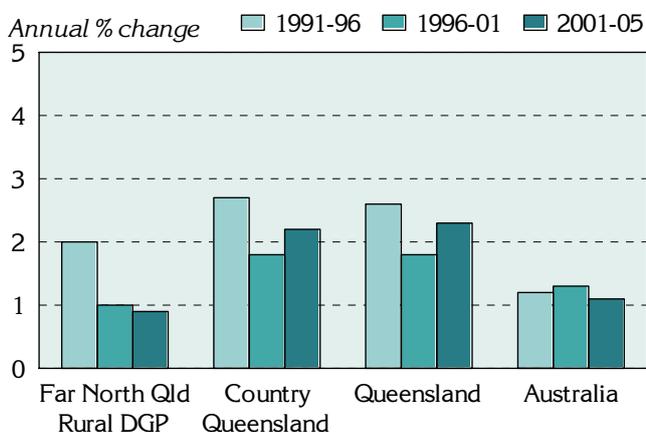
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Far North Queensland Rural Division had an Estimated Resident Population of 106,532 at 30 June 2005.

Figure 1: Annual population change, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



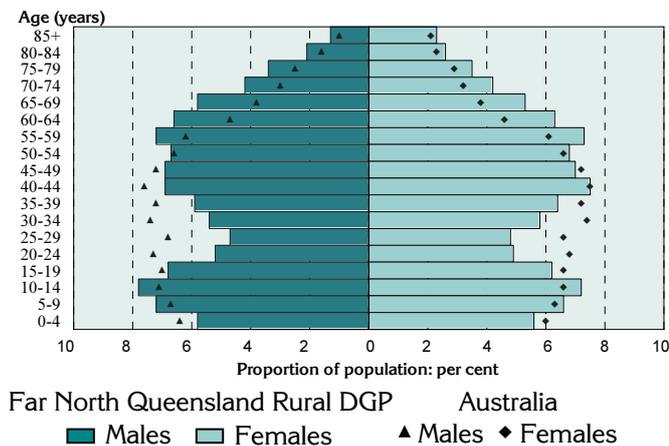
Over the five years from 1991 to 1996, the Division's population increased by 2.0% on average each year, lower than in country Queensland (2.7%) and Queensland (2.6%). From 1996 to 2001, the annual percentage growth rate in the Division decreased to 1.0%, again lower than in country Queensland and Queensland (1.8%). The growth rate of 0.9% per year from 2001 to 2005 was well below the annual increases for country Queensland (2.2%) and Queensland (2.3%).

Table 1: Population by age, Far North Queensland Rural DGP and Australia, 2005

Age group (years)	Far North Queensland Rural DGP		Australia	
	No.	%	No.	%
0-14	23,968	22.5	3,978,221	19.6
15-24	13,453	12.6	2,819,834	13.9
25-44	29,260	27.5	5,878,107	28.9
45-64	27,151	25.5	4,984,446	24.5
65-74	7,428	7.0	1,398,831	6.9
75-84	4,095	3.8	954,143	4.7
85+	1,178	1.1	315,027	1.5
Total	106,532	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below, Far North Queensland Rural DGP had relatively more people in the 0 to 14 year (22.5%) and 45 to 64 year (25.5%) age groups, compared with Australia as a whole (19.6% and 24.5%). (Table 1). Conversely, the proportions of the Division's population in the remaining age groups were lower than those for Australia.

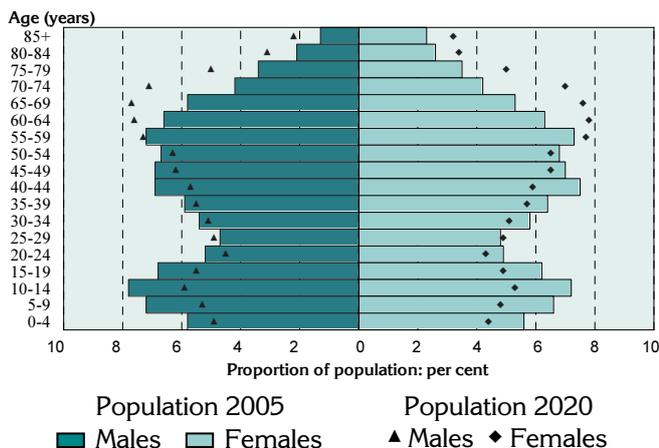
Figure 2: Population in Far North Queensland Rural DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively more males aged 0 to 14 and females aged 0 to 19 years;
- from 20 to 39 years – relatively fewer males and females; and
- from 70 to 85+ years – fewer females and males (from 75 years).

Figure 3: Population projections for Far North Queensland Rural DGP, by age and sex, 2005 and 2020



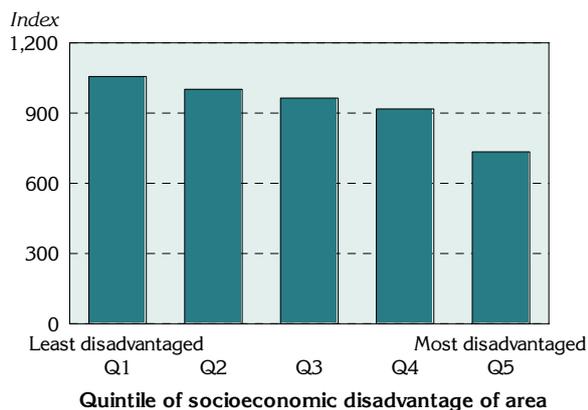
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at ages below 55 years – relatively fewer males and females (except for males and females aged 25 to 29 years); and
- at ages 55 years and over – relatively more males and females (most pronounced at ages 60 to 74 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Far North Queensland Rural, 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, Far North Queensland Rural DGP, 2001



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

The Far North Queensland Rural DGP has an index score of 936, below the score for Australia of 1000: this score varies widely across the Division, from a low of 734 in the most disadvantaged areas to 1056 in the least disadvantaged areas.

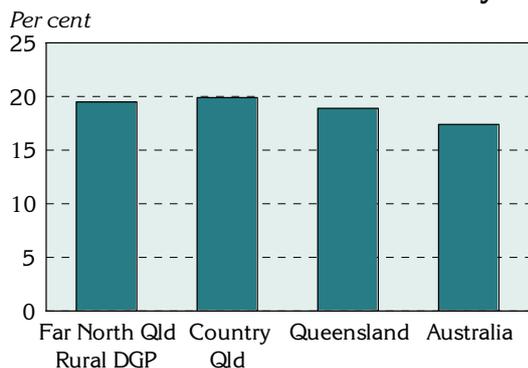
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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. The proportion of jobless families in the Division (19.5%) was consistent with that for country Queensland (19.9%) (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 Far North Queensland Rural DGP had a markedly lower proportion of the population with private health insurance (29.4%) than in country Queensland (40.3%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

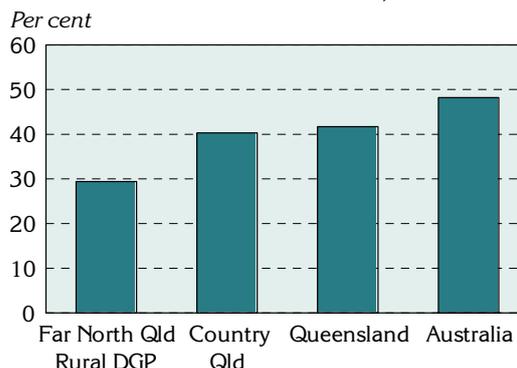
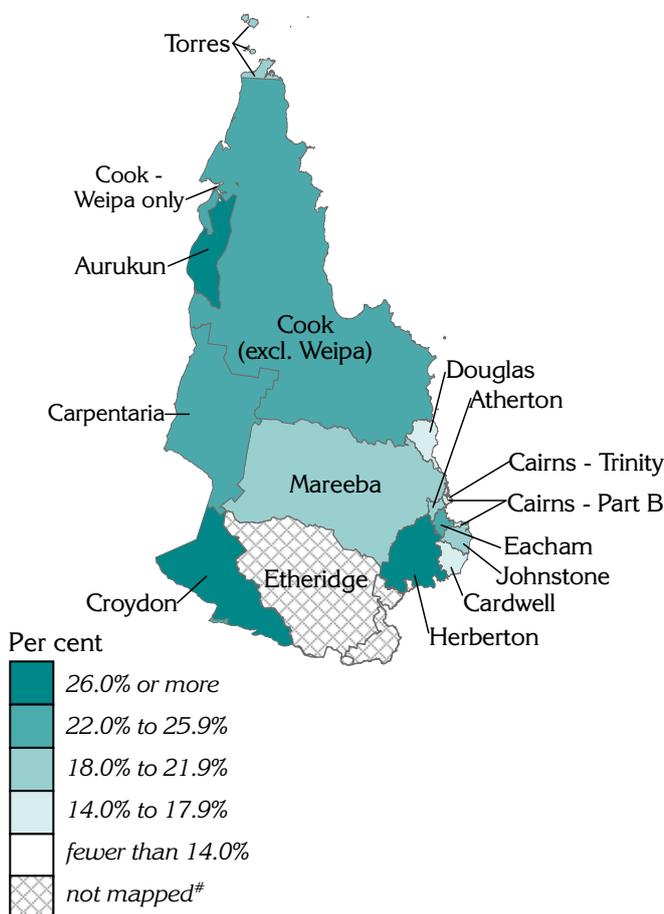


Table 2: Socio-demographic indicators, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 2001

Indicator	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	2,199	19.5	42,801	19.9	74,942	18.9	357,563	17.4
Private health insurance (30 June)	32,316	29.4	812,860	40.3	1,511,613	41.7	8,671,106	46.0

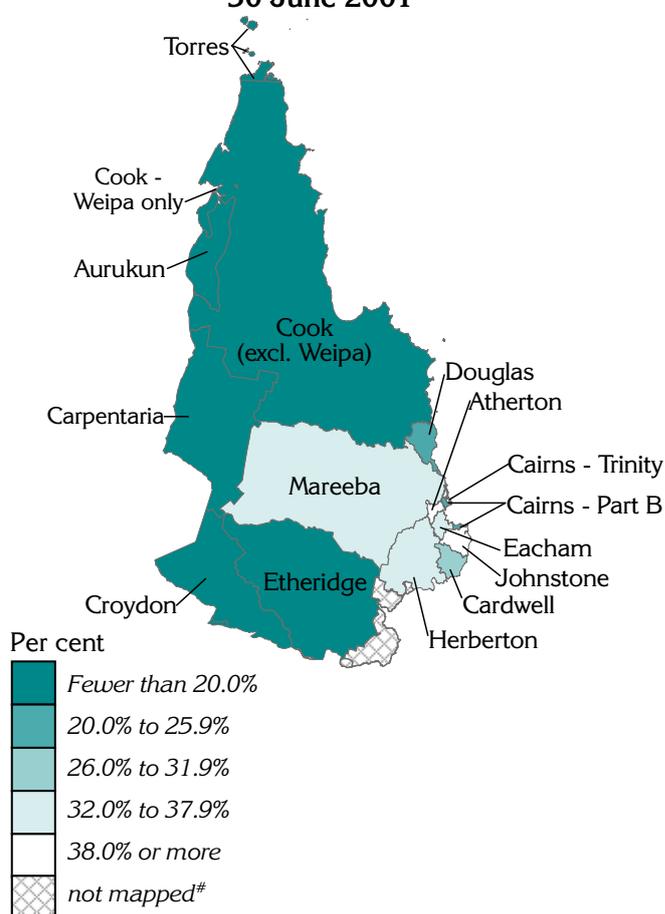
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

Map 1: Jobless families with children under 15 years of age by SLA, Far North Queensland Rural DGP, 2001



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

Map 2: People covered by private health insurance by SLA, Far North Queensland Rural DGP, 30 June 2001



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

GP services to residents of the Far North Queensland Rural 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.

Over four fifths (84.0%) of GP unreferred attendances to residents of Far North Queensland Rural DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 305,145 GP unreferred attendances (Table 3). A further 9.9% of unreferred attendances were provided in Cairns DGP.

Table 3: Patient flow – People living¹ in Far North Queensland Rural DGP by Division where attendance occurred², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
417	Far North Queensland Rural DGP	305,145	84.0
413	Cairns DGP	35,884	9.9
412	Townsville DGP	3,930	1.1
405	GPpartners DGP	2,531	0.7
416	North & West Queensland DGP	2,489	0.7
Other	..	3,836	3.7
Total	..	363,456	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 417 by Division in which attendance occurred

Over four fifths (85.5%) of unreferred attendances provided by GPs with a provider number in Far North Queensland Rural DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 3.7% of unreferred attendance provided by the Division's GPs were to people living in Cairns DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs¹ in Far North Queensland Rural DGP by Division of patient address², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
417	Far North Queensland Rural DGP	305,145	85.5
413	Cairns DGP	13,051	3.7
416	North & West Queensland DGP	3,828	1.1
412	Townsville DGP	2,305	0.6
Other	..	32,665	9.1
Total	..	356,994	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 417 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Far North Queensland Rural 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 more people in Far North Queensland Rural DGP who had asthma and were smokers, compared to country Queensland and Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher. However, there were relatively fewer people in Far North Queensland Rural DGP who had type 2 diabetes who were overweight/ obese, compared to country Queensland and Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Far North Queensland Rural DGP, country Queensland and Australia, 2001

■ Far North Queensland Rural DGP □ Country Queensland ■ Australia

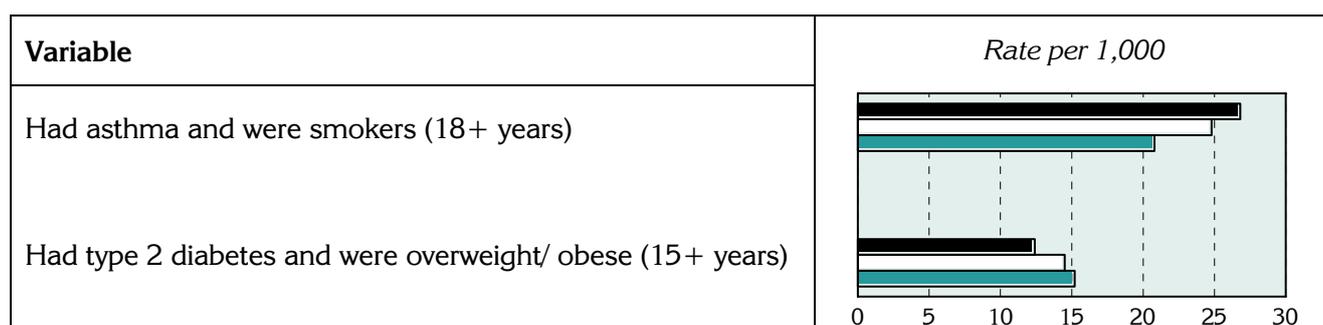


Table 5: Estimates of selected chronic diseases and risk factors, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 2001

Variable	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	2,426	26.8	46,582	24.8	83,759	23.2	397,734	20.8
Had type 2 diabetes & were overweight/obese ⁴	2,143	13.8	29,819	14.5	52,952	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in Far North Queensland Rural 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 4,844 admissions from ambulatory care sensitive (ACS) conditions accounted for 12.0% of all admissions in the Far North Queensland Rural DGP (Table 6, Figure 7), substantially above the levels in Queensland (8.5%) and Australia (8.7%).

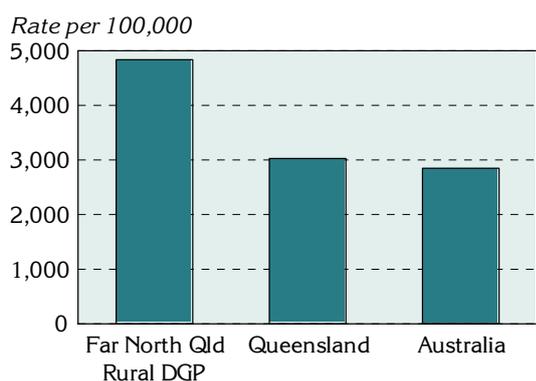
Table 6: Avoidable¹ and unavoidable hospitalisations, Far North Queensland Rural DGP, Queensland, and Australia, 2001/02

Category	Far North Queensland Rural DGP			Queensland			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	4,844	4,837.4	12.0	106,884	3,025.0	8.5	552,786	2,847.5	8.7
Unavoidable	35,470	35,302.9	88.0	1,153,519	32,410.1	91.5	5,818,199	29,970.7	91.3
Total	40,314	40,135.6	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, Far North Queensland Rural DGP, Queensland and Australia, 2001/02



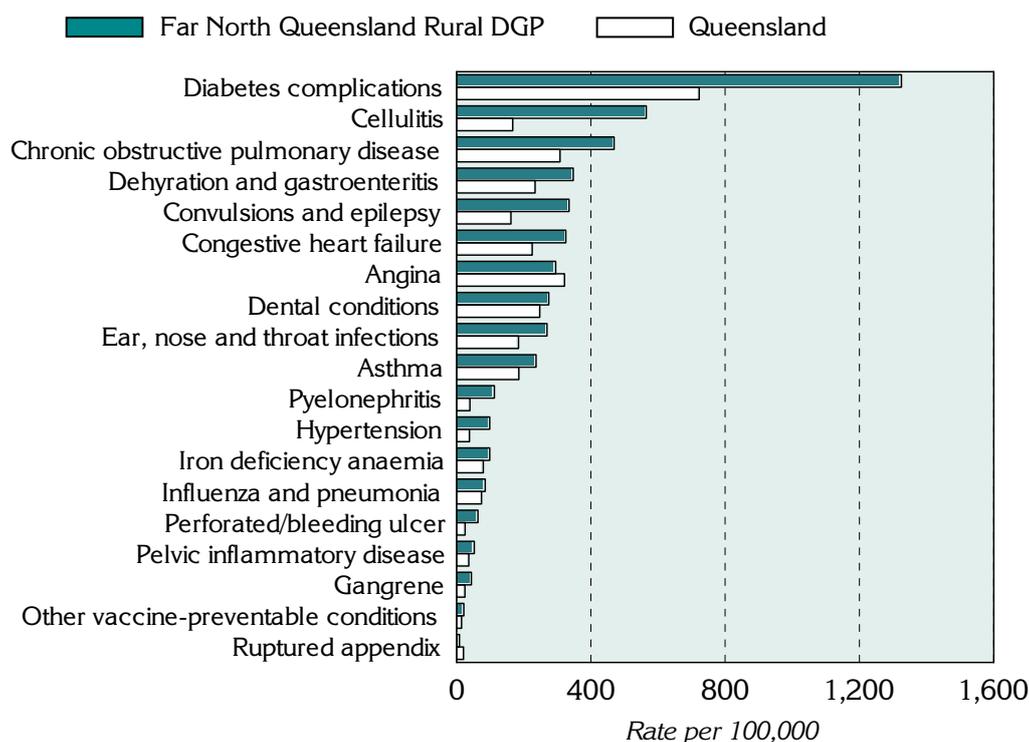
The rate of avoidable hospitalisations in Far North Queensland Rural DGP is substantially higher, a rate of 4,837.4 admissions per 100,000 population, compared to Queensland (a rate of 3,025.0), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, cellulitis, chronic obstructive pulmonary disease and dehydration and gastroenteritis were the four conditions with the highest rates of avoidable hospitalisations in the Far North Queensland Rural 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. Cellulitis; and dehydration and gastroenteritis have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Far North Queensland Rural 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, Far North Queensland Rural DGP, Queensland and Australia, 2001/02

Sub-category/ condition	Far North Queensland Rural DGP		Queensland		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	109	107.0	3,188	89.6	16,573	85.4
Influenza and pneumonia	86	85.2	2,646	74.6	13,021	67.1
Other vaccine preventable	23	21.8	542	15.0	3,552	18.3
Chronic³	2,748	2,848.9	65,455	1,882.0	352,545	1,816
Diabetes complications	1,290	1,324.8	25,175	722.9	141,345	728.1
Iron deficiency anaemia	93	98.8	2,772	79.7	16,451	84.7
Hypertension	92	98.9	1,324	38.3	6,354	32.7
Congestive heart failure	284	325.4	7,617	225.5	42,447	218.6
Angina	282	295.3	11,134	321.5	49,963	257.4
Chronic obstructive pulmonary disease	443	469.1	10,619	308.5	54,853	282.6
Asthma	264	236.6	6,814	185.6	41,009	211.3
Acute	2,155	2,074.0	41,300	1,143.3	200,913	1,035
Dehydration and gastroenteritis	337	347.7	8,278	234.1	37,766	194.5
Convulsions and epilepsy	362	334.9	5,902	162.3	31,137	160.4
Ear, nose and throat infections	309	269.4	6,829	184.4	32,075	165.2
Dental conditions	307	274.5	9,101	247.8	43,667	224.9
Perforated/bleeding ulcer	60	63.9	892	25.8	5,795	29.9
Ruptured appendix	9	8.7	754	20.7	3,866	19.9
Pyelonephritis	112	112.4	1,437	39.8	7,386	38.0
Pelvic inflammatory disease	53	53.1	1,315	36.2	6,547	33.7
Cellulitis	564	565.2	5,930	167.4	28,204	145.3
Gangrene	42	44.2	862	24.8	4,470	23.0
Total avoidable hospitalisations⁴	4,844	4,837.4	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 (74.9%) of all deaths in Far North Queensland Rural DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, higher than the proportion for country Queensland (72.8%) (Table 8). However, the rate in the Division is markedly higher than that in country Queensland, a differential of 1.29.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.2% of all deaths at ages 0 to 74 years in Far North Queensland Rural DGP, compared to 29.3% in country Queensland.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Mortality category	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	1,379	294.6	20,859	227.8	35,515	220.6	189,845	211.8
% of total	74.9	..	72.8	..	72.8	..	71.5	..
(Amenable)	(537)	(115.3)	(8,383)	(91.5)	(14,323)	(89.3)	(76,249)	(85.1)
(% of total)	(29.2)	(..)	(29.3)	(..)	(29.3)	(..)	(28.7)	(..)
Unavoidable	461	98.6	7,793	85.0	13,291	82.7	75,582	84.3
% of total	25.1	..	27.2	..	27.2	..	28.5	..
Total mortality	1,840	393.2	28,652	312.8	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. Far North Queensland Rural DGP's rate of avoidable mortality for males was 367.3 deaths per 100,000 males, notably higher than the rate of 222.8 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 121.4, compared to 110.1 for females, a rate ratio of 1.10 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Note: the different scales

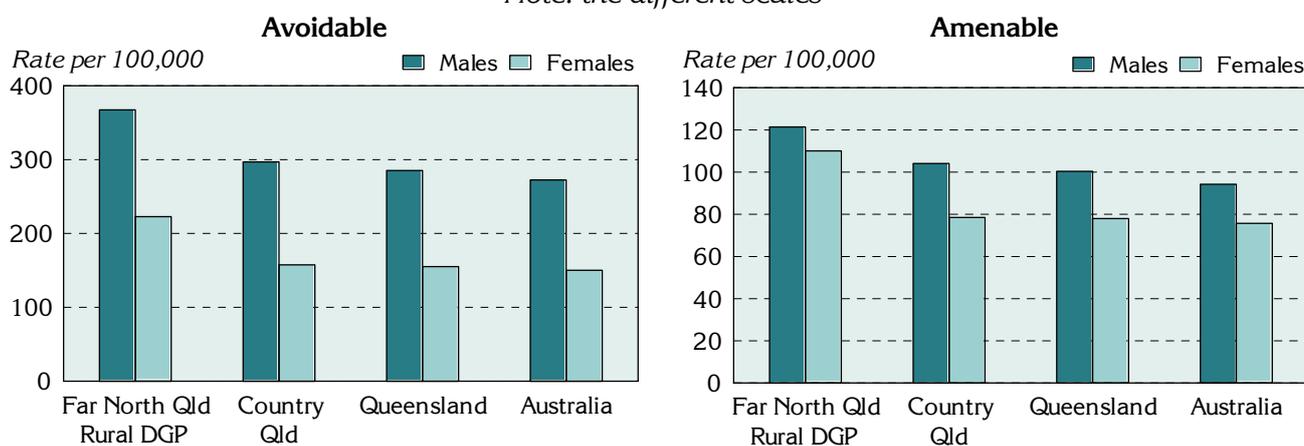


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Mortality category and sex	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	909	367.3	9,362	269.5	23,316	285.3	123,026	272.6
Females	470	222.8	5,294	152.0	12,199	155.1	66,819	150.1
Total	1,379	294.6	14,656	211.2	35,515	220.6	189,845	211.8
Rate ratio-M:F²	..	1.65**	..	1.77**	..	1.84**	..	1.82**
Amenable								
Males	303	121.4	3,249	95.2	8,181	100.4	42,568	94.3
Females	234	110.1	2,691	77.4	6,142	78.0	33,681	75.7
Total	537	115.3	5,940	86.4	14,323	89.3	76,249	85.1
Rate ratio-M:F²	..	1.10	..	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 Far North Queensland Rural DGP, country Queensland, 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 74.8% of total YLL (0 to 74 years) for Far North Queensland Rural DGP, higher than the 72.9% for country Queensland: the proportion of YLL from amenable mortality for Far North Queensland Rural DGP (28.4%) was consistent with that for country Queensland (28.5%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Mortality category	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	25,600	74.8	369,609	72.9	629,779	72.9	3,327,375	71.9
(Amenable)	(9,723)	(28.4)	(144,553)	(28.5)	(247,893)	(28.7)	(1,298,430)	(28.0)
Unavoidable	8,642	25.2	137,686	27.1	234,699	27.1	1,303,289	28.1
Total	34,242	100.0	507,294	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 1,591.2 deaths per 100,000 population in Far North Queensland Rural 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 461.0 in Far North Queensland Rural DGP.

Table 11: Avoidable and amenable mortality by age, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Mortality category and age (years)	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	48	37.8	500	30.1	1,208	32.2	5,669	28.8
15-24	62	96.1	562	44.8	1,386	54.3	7,045	52.8
25-44	225	143.3	1,916	77.8	4,527	84.9	24,356	83.9
45-64	533	461.0	5,107	301.7	12,543	322.5	64,282	304.9
65-74	512	1,591.2	6,571	1410.9	15,851	1404.6	88,493	1,358.1
Total	1,379	294.6	14,656	211.2	35,515	220.6	189,845	211.8
Amenable								
0-24	41	19.9	451	15.9	1,059	16.8	5,083	15.4
25-44	68	43.5	491	20.1	1,165	21.8	5,946	20.5
45-64	217	190.3	2,236	132.2	5,352	137.9	27,464	130.3
65-74	212	665.5	2,762	591.5	6,748	599.1	37,756	579.4
Total	537	115.3	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 Far North Queensland Rural DGP were for cancer, with a rate of 84.5 deaths per 100,000 population, and cardiovascular diseases, 84.2 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 61.9 per 100,000 population and 29.3 per 100,000, respectively.

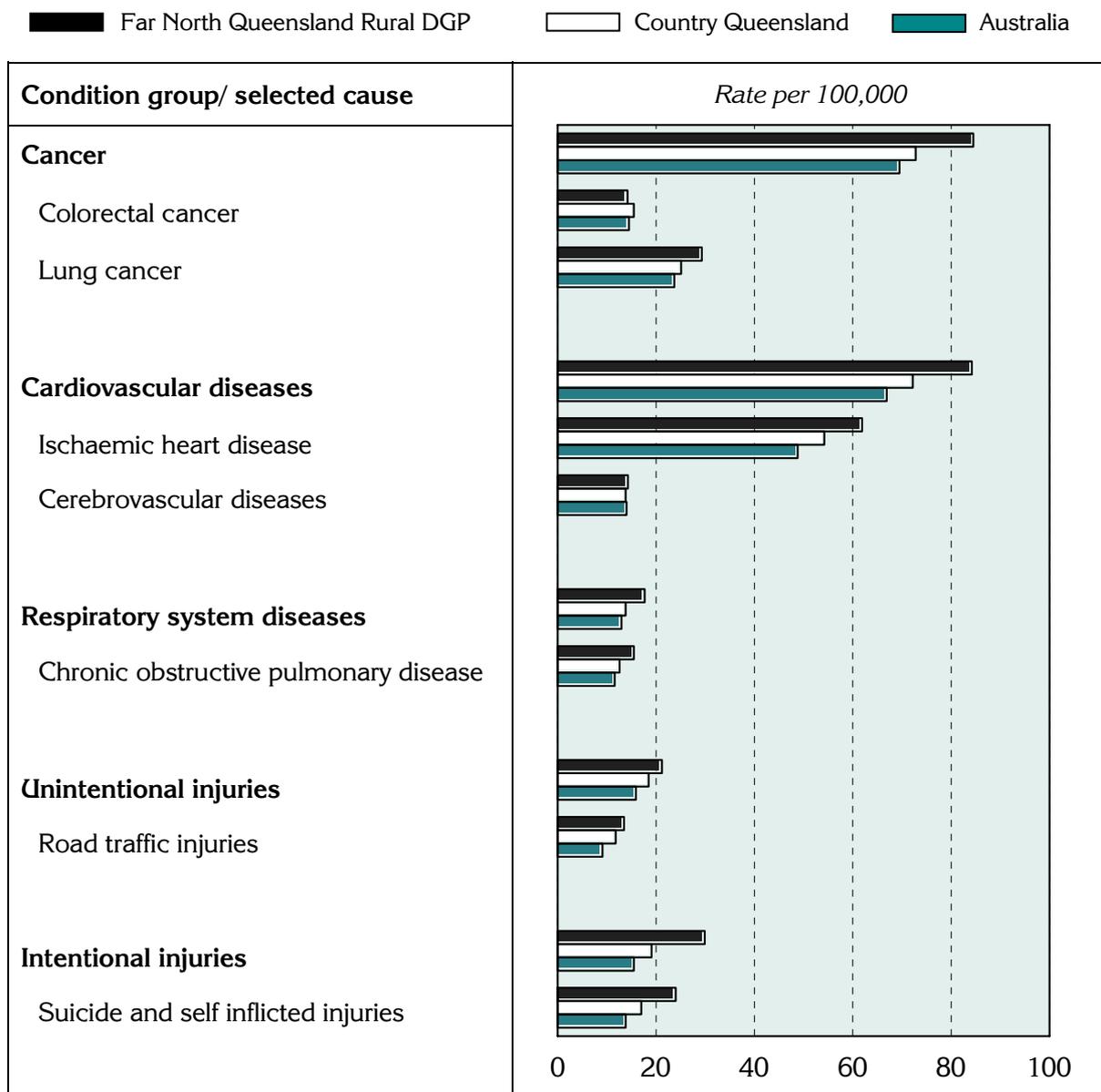
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Far North Queensland Rural DGP, country Queensland, Queensland and Australia, 1997 to 2001

Condition group/ selected cause	Far North Queensland Rural DGP		Country Queensland		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	392	84.5	6,690	72.8	11,618	72.6	62,338	69.5
Colorectal cancer	66	14.2	1,425	15.5	2,392	15.0	13,008	14.5
Lung cancer	137	29.3	2,329	25.1	4,062	25.4	21,208	23.7
Cardiovascular diseases	391	84.2	6,646	72.2	11,294	71.0	59,945	66.9
Ischaemic heart disease	289	61.9	5,005	54.2	8,434	52.9	43,712	48.8
Cerebrovascular diseases	65	14.3	1,263	13.8	2,210	14.0	12,558	14.0
Respiratory system diseases	81	17.7	1,262	13.8	2,168	13.7	11,612	13.0
Chronic obstructive pulmonary disease	70	15.5	1,159	12.6	1,970	12.5	10,395	11.6
Unintentional injuries	101	21.2	1,662	18.5	2,630	15.8	14,224	15.9
Road traffic injuries	64	13.5	1,054	11.8	1,565	9.4	8,138	9.1
Intentional injuries	143	29.9	1,712	19.1	3,017	18.2	13,891	15.5
Suicide and self inflicted injuries	114	24.0	1,521	17.0	2,719	16.4	12,393	13.8

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

Rates in the Division for the condition groups and selected causes were generally above, or consistent with, those for country Queensland and Australia: the exception was colorectal cancer, with higher rates in country Queensland (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Far North Queensland Rural DGP, country Queensland and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

References to 'country Queensland' relate to Queensland excluding 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 (ie. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Far North Queensland Rural 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, Cook is comprised of two SLAs, Cook (excluding Weipa) and Cook-Weipa only. These SLAs, and all or part of the other SLAs listed in Table 14 comprise the Division.

Table 14: SLAs and population in Far North Queensland Rural DGP, 2005 on 2001 boundaries

SLA code	SLA/SLA group name	Per cent of SLA/SLA group's population in the Division*	Estimate of the SLA/SLA group's 2005 population in the Division
30200	Atherton	100.0	11,212
30250	Aurukun	78.0	911
32072	Cairns - Northern Suburbs	0.2	#
32074	Cairns - Trinity	2.3	#
32078	Cairns - Part B	48.1	771
32200	Cardwell	80.8	3,462
32250	Carpentaria	33.5	9,095
32501	Cook (excluding Weipa)	82.9	1,351
32504	Cook - Weipa only	100.0	5,734
32600	Croydon	78.0	1,991
32800	Douglas	91.0	228
32900	Eacham	100.0	10,649
33100	Etheridge	78.0	6,337
33700	Herberton	100.0	789
34150	Johnstone	96.5	5,449
34850	Mareeba	97.6	18,912
35250	<i>Mornington (Qld)</i>	78.0	18,398
36950	Torres	100.0	814

* 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. In addition, in a small number of cases, part(s) of an SLA can be allocated to another Division, sometimes several hundred kilometres away. Although adjustments have not been made to the concordance to correct these errors, the affected SLAs are highlighted in the table (shown in bold italic typeface)

Not shown as the total population is less than 100

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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