

Population health profile of the Adelaide Northern

Division of General Practice: supplement

Population Profile Series: No. 87a

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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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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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Population health profile of the Adelaide Northern Division of General Practice: supplement

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

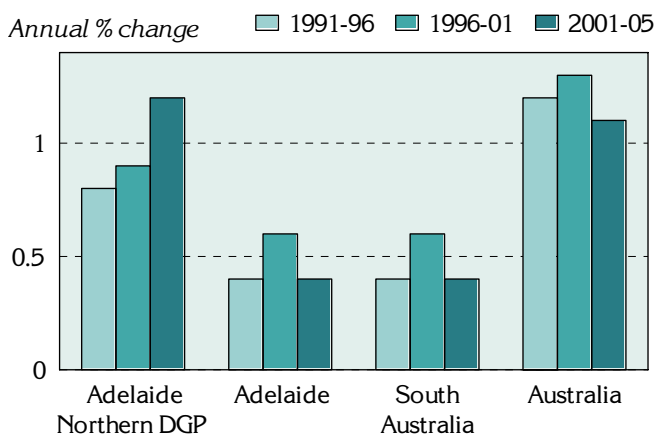
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Adelaide Northern Division had an Estimated Resident Population of 191,671 at 30 June 2005.

Figure 1: Annual population change, Adelaide Northern DGP, Adelaide, South Australia and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



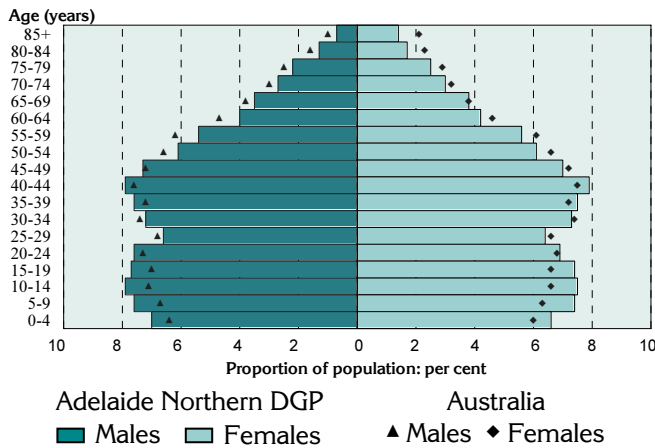
Over the five years from 1991 to 1996, the Division's population increased by 0.8% on average each year, higher than in Adelaide (0.4%) and South Australia (0.4%). From 1996 to 2001, the annual percentage increase in the Division was 0.9%, again higher than in Adelaide and South Australia (0.6%). The growth rate of 1.2% per year from 2001 to 2005 was higher than the annual increases for Adelaide and South Australia (both 0.4%), and for Australia (1.1%).

Table 1: Population by age, Adelaide Northern DGP and Australia, 2005

Age group (years)	Adelaide Northern DGP		Australia	
	No.	%	No.	%
0-14	42,170	22.0	3,978,221	19.6
15-24	28,312	14.8	2,819,834	13.9
25-44	55,703	29.1	5,878,107	28.9
45-64	43,682	22.8	4,984,446	24.5
65-74	12,486	6.5	1,398,831	6.9
75-84	7,350	3.8	954,143	4.7
85+	1,967	1.0	315,027	1.5
Total	191,671	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Adelaide Northern DGP has relatively more children aged 0 to 14 years (22.0%) and young people aged 15 to 24 years (14.8%) than Australia as a whole (with 19.6%, and 13.9%) (Table 1). Conversely, the proportions of the Division's population aged 45 years and over age were lower than those for Australia.

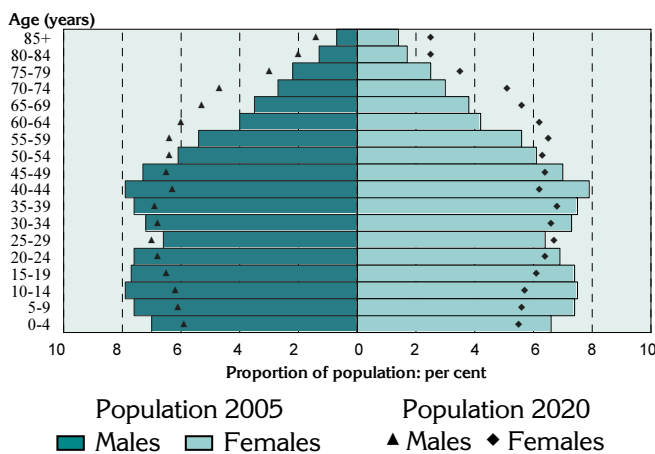
Figure 2: Population in Adelaide Northern DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively more children aged 0 to 14 years and young people aged 15 to 19 years; and
- at older ages – relatively fewer males and females (except at ages 65 to 69 years).

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



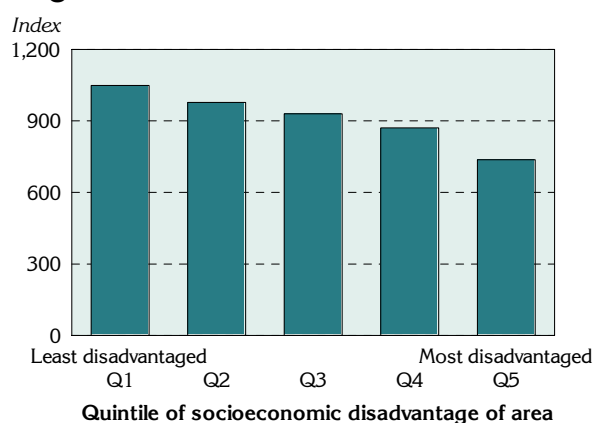
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – relatively fewer children, young people and young adults, aged 0 to 24 years;
- from 30 to 49 years – relatively fewer males and females; and
- from 50 years onwards – relatively more males and females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Adelaide Northern 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, Adelaide Northern DGP, 2001



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

The Adelaide Northern DGP has an index score of 913, below the score for Australia of 1000: this score varies across the Division, from a low of 737 in the most disadvantaged areas to 1048 in the least disadvantaged areas.

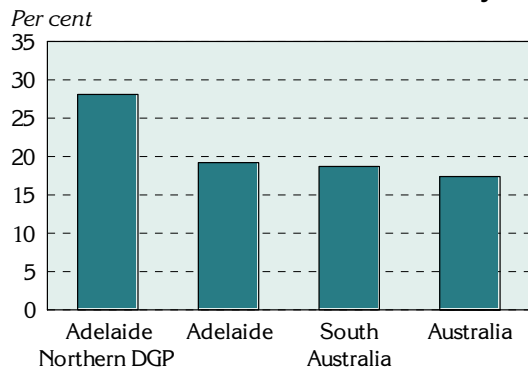
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 substantially more jobless families in the Adelaide Northern DGP (28.1%), compared to Adelaide as a whole (19.2%) (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 lower proportion of people with private health insurance (39.0%), compared to Adelaide (54.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Adelaide Northern DGP, Adelaide, South Australia and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

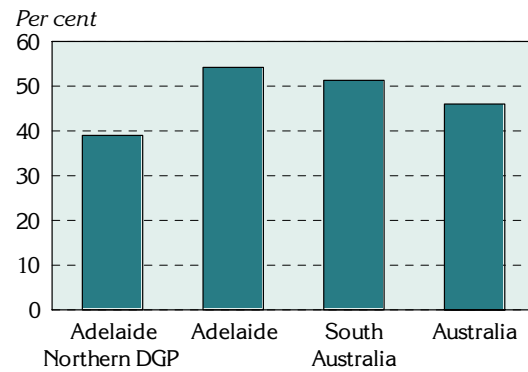
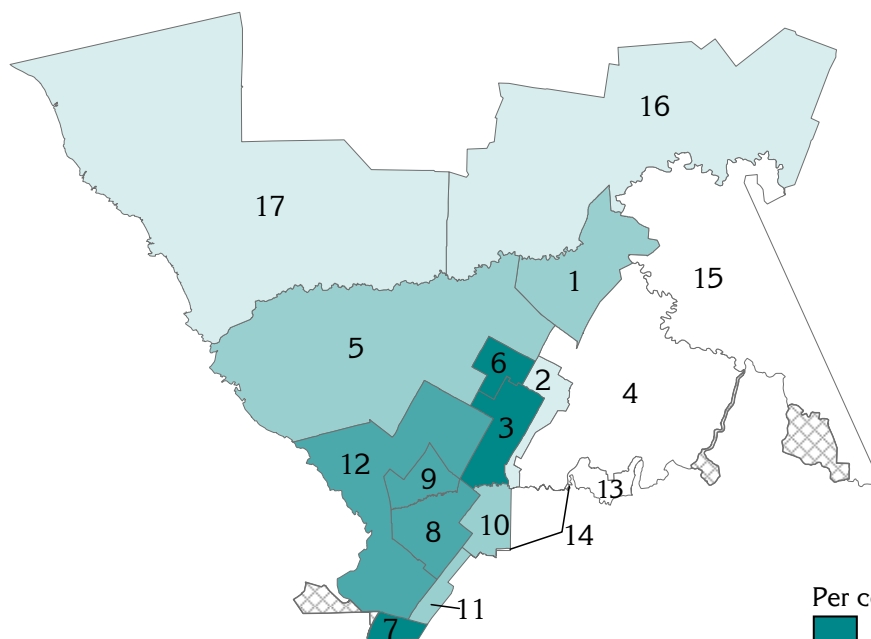


Table 2: Socio-demographic indicators, Adelaide Northern DGP, Adelaide, South Australia and Australia, 2001

Indicator	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	6,274	28.1	21,478	19.2	29,203	18.7	357,563	17.4
Private health insurance (30 June)	68,805	39.0	581,532	54.2	754,598	51.3	8,671,106	46.0

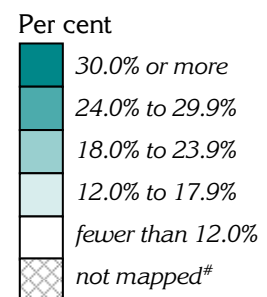
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



Map legend for SLAs not distinguishable

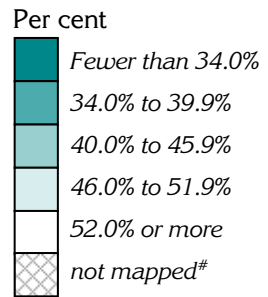
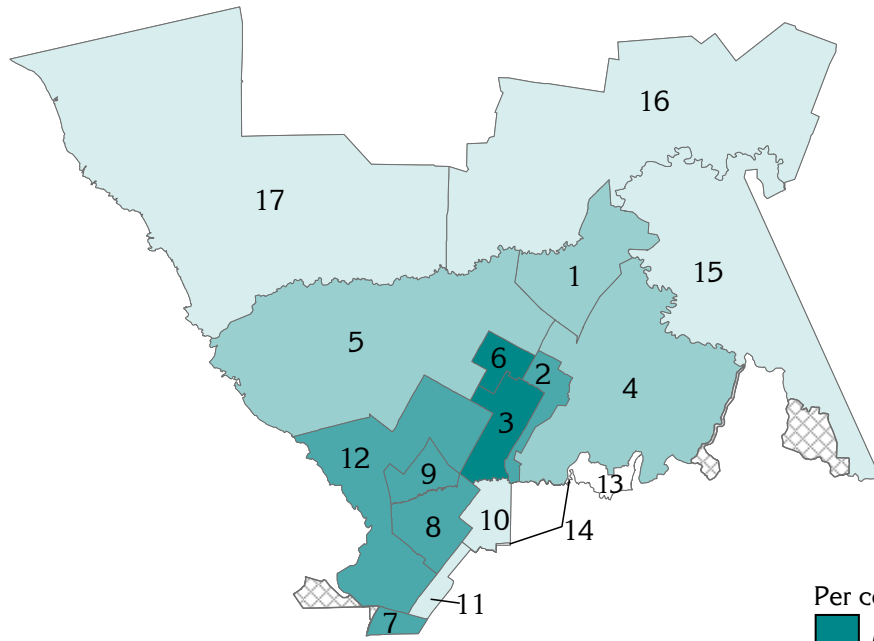
○ Tea Tree Gully - North



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

For map labels: see next page

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



[#] data were not mapped: see 'Mapping' note under Methods

Map legend for SLAs not distinguishable

- Tea Tree Gully - North

Alphabetical key to Statistical Local Areas, Adelaide Northern DGP, 2001

Barossa - Barossa	15	Port Adel. Enfield - Inner	7
Gawler	1	Salisbury - Central	8
Light	16	Salisbury - Inner North	9
Mallala	17	Salisbury - North-East	10
Playford - East Central	2	Salisbury - South-East	11
Playford - Elizabeth	3	Salisbury Balance	12
Playford - Hills	4	Tea Tree Gully - Hills	13
Playford - West	5	Tea Tree Gully - North	14
Playford - West Central	6		

GP services to residents of the Adelaide Northern 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.

Just over four fifths (81.1%) of all unreferral attendances to residents of Adelaide Northern DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 871,037 GP unreferral attendances (Table 3). A further 7.2% of unreferral attendances to residents were provided by GPs with a provider number in Adelaide North East DGP, with 4.5% to residents of Adelaide Central and Eastern DGP, and 4.3% to people living in Adelaide Western DGP.

Table 3: Patient flow – People living¹ in Adelaide Northern DGP by Division where attendance occurred², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
502	Adelaide Northern DGP	871,037	81.1
503	Adelaide North East DGP	76,822	7.2
504	Adelaide Central and Eastern DGP	48,818	4.5
501	Adelaide Western DGP	46,411	4.3
505	Southern DGP	7,216	0.7
506	Barossa DGP	4,413	0.4
Other	..	19,104	1.8
Total	..	1,073,821	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 502 by Division in which attendance occurred

More than four fifths (83.9%) of unreferral attendances provided by GPs with a provider number in Adelaide Northern DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 8.0% of unreferral attendances by GPs in the Division were to people living in Adelaide North East DGP, with 2.4% to residents of Barossa DGP.

Table 4: GP catchment – Unreferral attendances provided by GPs¹ in Adelaide Northern DGP by Division of patient address², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
502	Adelaide Northern DGP	871,037	83.9
503	Adelaide North East DGP	82,582	8.0
506	Barossa DGP	24,505	2.4
501	Adelaide Western DGP	16,608	1.6
504	Adelaide Central and Eastern DGP	8,206	0.8
508	Mid North Rural DGP	7,591	0.7
505	Southern DGP	6,568	0.6
Other	..	21,340	2.1
Total	..	1,038,437	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 502 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

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

Figure 6: Estimates of selected chronic diseases and risk factors, Adelaide Northern DGP, Adelaide and Australia, 2001



Table 5: Estimates of selected chronic diseases and risk factors, Adelaide Northern DGP, Adelaide, South Australia and Australia, 2001

Variable	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	4,986	27.9	23,430	21.3	32,487	22.3	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	2,700	17.2	17,762	15.7	23,187	14.9	283,176	15.2

¹ No. is a weighted estimate of the number of people in Adelaide Northern 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 5,418 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.4% of all admissions in the Adelaide Northern DGP (Table 6, Figure 7), consistent with the levels in South Australia (8.5) and Australia (8.7%).

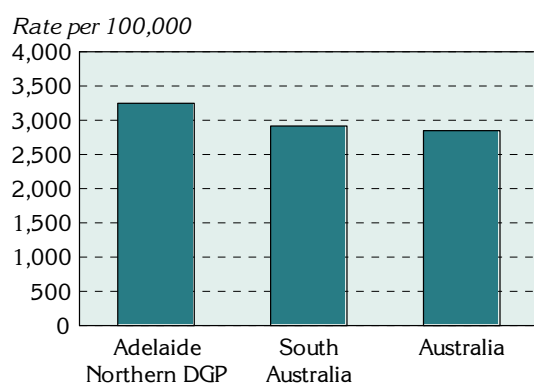
Table 6: Avoidable¹ and unavoidable hospitalisations, Adelaide Northern DGP, South Australia, and Australia, 2001/02

Category	Adelaide Northern DGP			South Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	5,418	3,247.9	8.4	47,247	2,915.7	8.5	552,786	2,847.5	8.7
Unavoidable	58,764	34,494.4	91.6	507,053	32,039.4	91.5	5,818,199	29,970.7	91.3
Total	64,181	37,742.9	100.0	554,300	34,952.2	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, Adelaide Northern DGP, South Australia and Australia, 2001/02



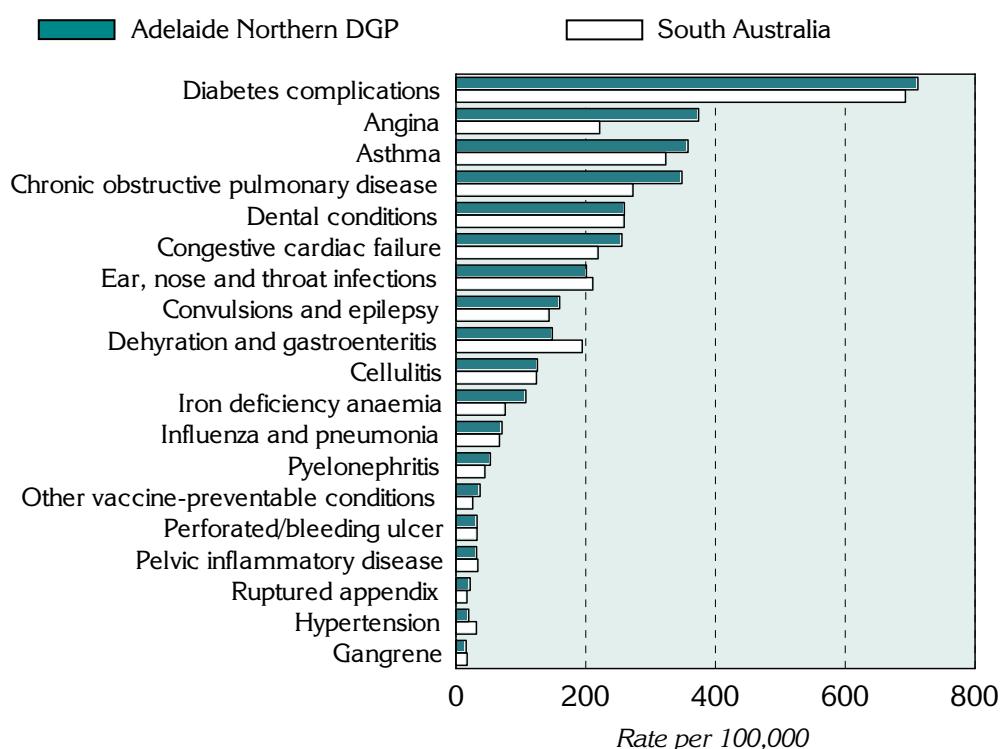
The rate of avoidable hospitalisations in Adelaide Northern DGP is notably higher, a rate of 3,247.9 admissions per 100,000 population, compared to both South Australia (a rate of 2,915.7), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, angina, asthma, and chronic obstructive pulmonary disease, were the four conditions with the highest rates of avoidable hospitalisations in the Adelaide Northern 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. 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. Dental conditions and, ear, nose and throat infections have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Adelaide Northern DGP and South Australia, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Adelaide Northern DGP, South Australia and Australia, 2001/02

Sub-category/ condition	Adelaide Northern DGP		South Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	187	108.1	1,466	92.9	16,573	85.4
Influenza and pneumonia	120	71.0	1,075	67.0	13,021	67.1
Other vaccine preventable	67	37.1	391	25.9	3,552	18.3
Chronic³	3,475	2,175.5	30,607	1,837.6	352,545	1,816
Diabetes complications	1,128	712.0	11,640	692.9	141,345	728.1
Iron deficiency anaemia	170	107.9	1,271	76.1	16,451	84.7
Hypertension	31	19.6	532	31.6	6,354	32.7
Congestive heart failure	357	255.9	3,900	219.1	42,447	218.6
Angina	572	374.0	3,778	221.6	49,963	257.4
Chronic obstructive pulmonary disease	533	348.4	4,710	272.9	54,853	282.6
Asthma	684	357.7	4,776	323.4	41,009	211.3
Acute	1,911	1,049.4	16,405	1,077.6	200,913	1,035
Dehydration and gastroenteritis	248	148.4	3,111	194.8	37,766	194.5
Convulsions and epilepsy	296	159.9	2,153	143.6	31,137	160.4
Ear, nose and throat infections	396	201.0	3,046	210.9	32,075	165.2
Dental conditions	495	259.5	3,831	259.2	43,667	224.9
Perforated/bleeding ulcer	49	32.6	555	32.5	5,795	29.9
Ruptured appendix	41	22.0	255	17.0	3,866	19.9
Pyelonephritis	94	52.9	681	44.7	7,386	38.0
Pelvic inflammatory disease	58	31.8	497	33.7	6,547	33.7
Cellulitis	210	125.6	1,987	124.1	28,204	145.3
Gangrene	24	15.7	289	17.1	4,470	23.0
Total avoidable hospitalisations⁴	5,418	3,247.9	47,247	2,915.7	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 (73.1%) of all deaths in Adelaide Northern DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly higher than the proportion for Adelaide (71.0%) (Table 8). However, the rate in the Division is markedly higher than that in Adelaide, a differential of 1.24.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.3% of all deaths at ages 0 to 74 years in Adelaide Northern DGP, compared to 29.2% in Adelaide.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	1,986	251.3	11,086	202.8	15,938	210.4	189,845	211.8
% of total	73.1	..	71.0	..	71.4	..	71.5	..
(Amenable)	(769)	(97.4)	(4,563)	(82.9)	(6,556)	(85.9)	(76,249)	(85.1)
(% of total)	(28.3)	(..)	(29.2)	(..)	(29.4)	(..)	(28.7)	(..)
Unavoidable	730	92.3	4,532	82.6	6,369	83.7	75,582	84.3
% of total	26.9	..	29.0	..	28.6	..	28.5	..
Total mortality	2,716	343.5	15,619	285.4	22,307	294.1	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. Adelaide Northern DGP's rate of avoidable mortality for males was 313.5 deaths per 100,000 males, higher than the rate of 188.1 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 102.0, compared to 92.7 for females, a rate ratio of 1.10 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Note: the different scales

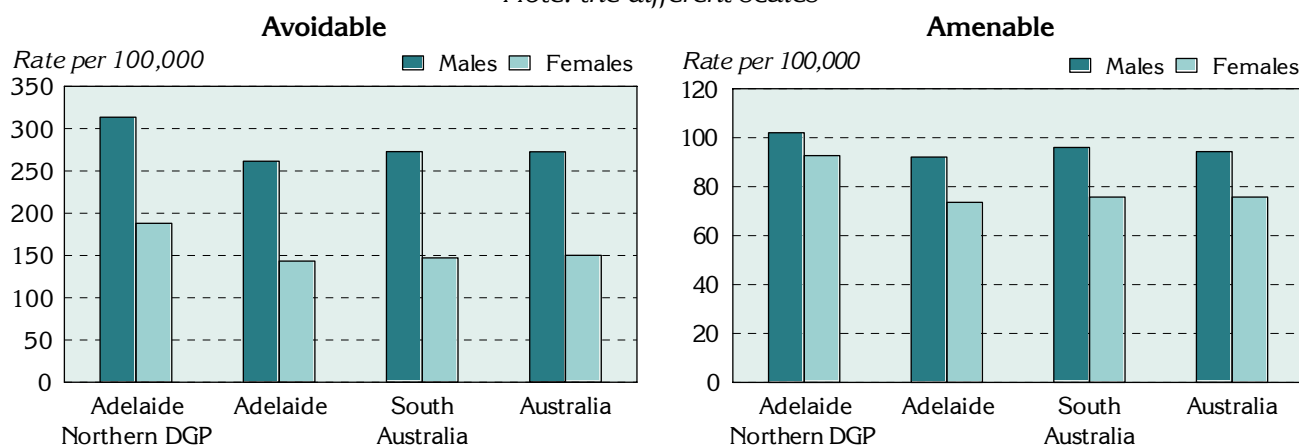


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category and sex	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,249	313.5	7,067	261.5	10,326	272.8	123,026	272.6
Females	737	188.1	4,019	143.3	5,612	147.2	66,819	150.1
Total	1,986	251.3	11,086	202.8	15,938	210.4	189,845	211.8
Rate ratio–M:F²	..	1.67**	..	1.82**	..	1.85**	..	1.82**
Amenable								
Males	405	102.0	2,503	92.1	3,671	96.0	42,568	94.3
Females	364	92.7	2,060	73.6	2,884	75.7	33,681	75.7
Total	769	97.4	4,563	82.9	6,556	85.9	76,249	85.1
Rate ratio–M:F²	..	1.10	..	1.25**	..	1.27**	..	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 Adelaide Northern DGP, Adelaide, South Australia 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 73.4% of total YLL (0 to 74 years) for Adelaide Northern DGP, higher than the 71.3% for Adelaide. The proportion of YLL from amenable mortality of 27.5% for Adelaide Northern DGP was lower than the 28.5% for Adelaide.

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	35,556	73.4	189,430	71.3	273,135	71.8	3,327,375	71.9
(Amenable)	(13,344)	(27.5)	(75,612)	(28.5)	(108,777)	(28.6)	(1,298,430)	(28.0)
Unavoidable	12,904	26.6	76,164	28.7	107,223	28.2	1,303,289	28.1
Total	48,460	100.0	265,594	100.0	380,358	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 1,576.3 deaths per 100,000 population in the Adelaide Northern 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 368.1 in the Adelaide Northern Division.

Table 11: Avoidable and amenable mortality by age, Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category and age (years)	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	65	30.5	234	23.1	352	24.2	5,669	28.8
15-24	84	66.6	364	47.7	523	52.4	7,045	52.8
25-44	289	103.4	1,383	85.0	1,979	88.8	24,356	83.9
45-64	672	368.1	3,490	283.6	5,130	297.8	64,282	304.9
65-74	876	1,576.3	5,616	1322.6	7,954	1354.8	88,493	1,358.1
Total	1,986	251.3	11,086	202.8	15,938	210.4	189,845	211.8
Amenable								
0-24	56	16.0	223	12.9	324	13.3	5,083	15.4
25-44	71	25.3	361	22.1	507	22.6	5,946	20.5
45-64	277	151.3	1,538	124.3	2,248	130.1	27,464	130.3
65-74	365	658.0	2,441	572.8	3,477	591.6	37,756	579.4
Total	769	97.4	4,563	82.9	6,556	85.9	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 Adelaide Northern DGP were for cardiovascular diseases, with a rate of 81.8 deaths per 100,000 population, and cancer, 80.0 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 31.8 per 100,000, respectively.

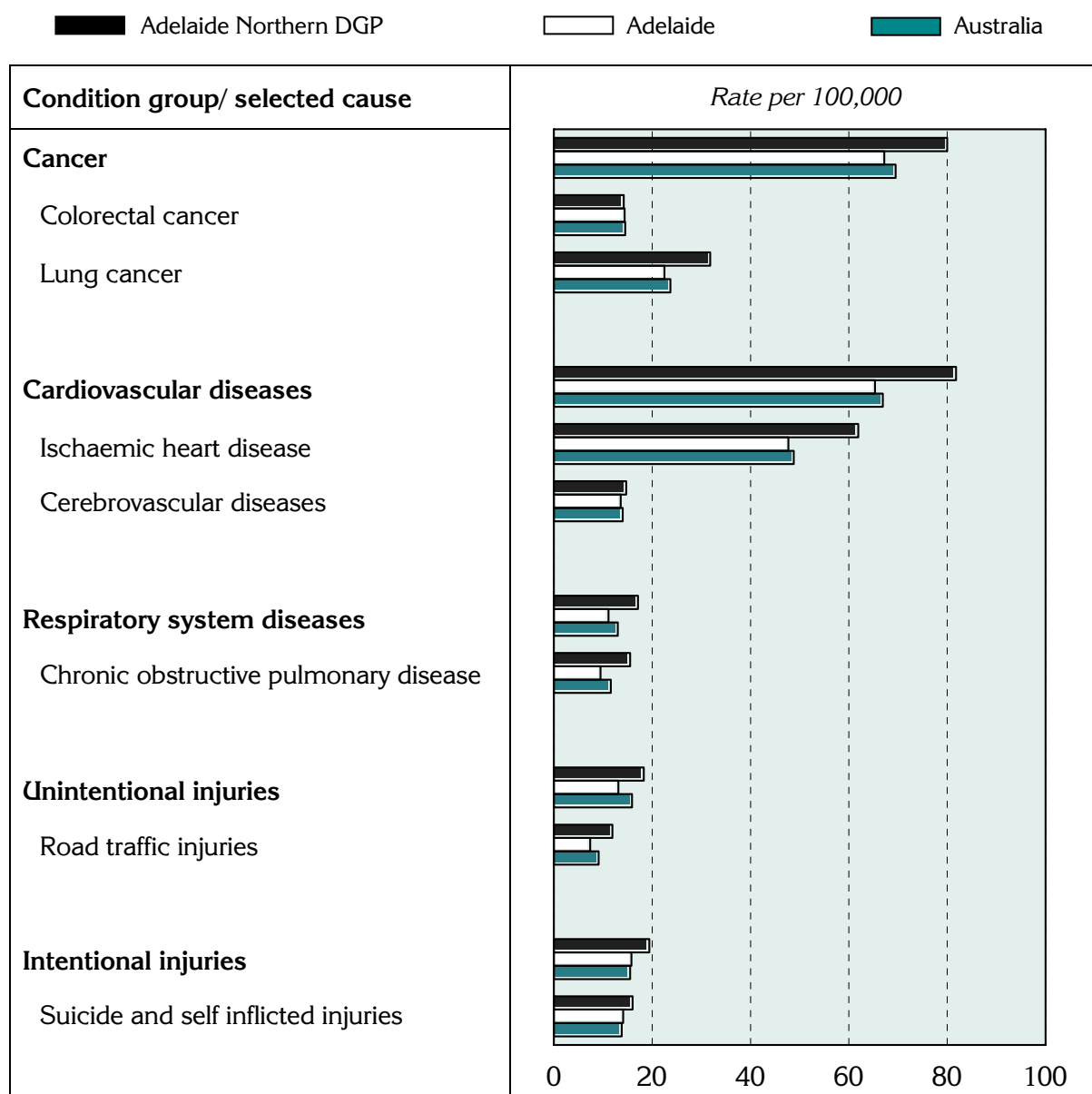
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Adelaide Northern DGP, Adelaide, South Australia and Australia, 1997 to 2001

Condition group/ selected cause	Adelaide Northern DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	622	80.0	3,720	67.2	5,209	67.8	62,338	69.5
Colorectal cancer	110	14.2	796	14.4	1,142	14.8	13,008	14.5
Lung cancer	246	31.8	1,251	22.5	1,728	22.3	21,208	23.7
Cardiovascular diseases	631	81.8	3,655	65.3	5,324	68.5	59,945	66.9
Ischaemic heart disease	478	61.9	2,658	47.7	3,918	50.5	43,712	48.8
Cerebrovascular diseases	114	14.7	770	13.6	1,086	13.9	12,558	14.0
Respiratory system diseases	132	17.1	627	11.1	897	11.4	11,612	13.0
Chronic obstructive pulmonary disease	119	15.5	544	9.5	783	9.9	10,395	11.6
Unintentional injuries	154	18.3	673	13.1	1,085	15.5	14,224	15.9
Road traffic injuries	100	11.9	380	7.4	687	9.9	8,138	9.1
Intentional injuries	162	19.4	809	15.8	1,138	16.3	13,891	15.5
Suicide and self inflicted injuries	133	16.0	725	14.1	1,018	14.5	12,393	13.8

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

For all of the condition groups and selected causes, rates in the Division were above those for Adelaide and Australia (Figure 10).

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



Notes on the data

Data sources and limitations

General

References to 'Adelaide' relate to the Adelaide 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 Adelaide Northern 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, a number of Local Government Areas (LGAs) have been split into SLAs. For example, Salisbury is comprised of five SLAs - Central, Inner North and Balance (all in the Division), North-East (a majority in the Division) and South East (part within the Division). These SLAs, and all or parts of the other SLAs listed in Table 14, comprise the Division.

Table 14: SLAs and population in Adelaide Northern 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
40314	Barossa - Barossa	41.3	3,272
42030	Gawler	100.0	19,390
43650	Light	27.5	3,302
43920	Mallala	40.8	3,228
45681	Playford - East Central	100.0	20,655
45683	Playford - Elizabeth	100.0	25,489
45684	Playford - Hills	100.0	3,331
45686	Playford - West	100.0	8,755
45688	Playford - West Central	100.0	13,160
45894	Port Adelaide Enfield - Inner	4.2	799
47141	Salisbury - Central	100.0	27,823
47143	Salisbury - Inner North	100.0	25,561
47144	Salisbury - North-East	70.3	15,400
47146	Salisbury - South-East	30.9	11,383
47148	Salisbury - Balance	100.0	9,143
47701	Tea Tree Gully - Central	1.7	440
47705	Tea Tree Gully - North	1.9	540

* 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

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