

Population health profile of the Flinders and Far North 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 Flinders and Far North Division of General Practice: supplement

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

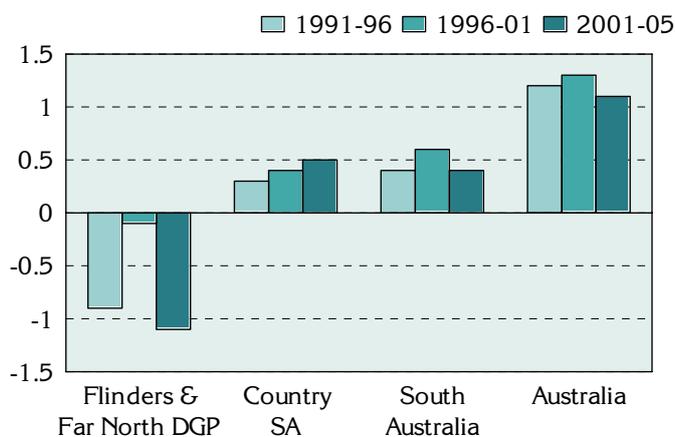
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Flinders and Far North Division had an Estimated Resident Population of 25,977 at 30 June 2005.

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



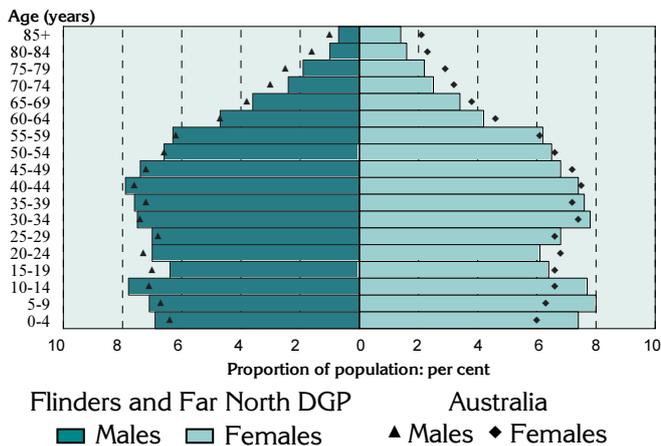
Over the five years from 1991 to 1996, there was a 0.9% decline in the Division's population, compared with small increases in country South Australia (0.3%) and South Australia (0.4%). From 1996 to 2001, the Division's population again declined, by 0.1%, compared to increases in country South Australia (0.4%) and South Australia (0.6%). The Division's rate of decline at 1.1% per year on average from 2001 to 2005 was in contrast to the annual increases for country South Australia (0.5%) and South Australia (0.4%).

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

Age group (years)	Flinders and Far North DGP		Australia	
	No.	%	No.	%
0-14	5,836	22.5	3,978,221	19.6
15-24	3,377	13.0	2,819,834	13.9
25-44	7,751	29.8	5,878,107	28.9
45-64	6,326	24.4	4,984,446	24.5
65-74	1,552	6.0	1,398,831	6.9
75-84	865	3.3	954,143	4.7
85+	269	1.0	315,027	1.5
Total	25,977	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Flinders and Far North DGP had a higher proportion of the population at ages 0 to 14 years (22.5%) compared to Australia as a whole (with 19.6%) and 25 to 44 years (29.8%, compared to 28.9% for Australia) (Table 1). At other ages the proportions of the Division's population were lower than for Australia.

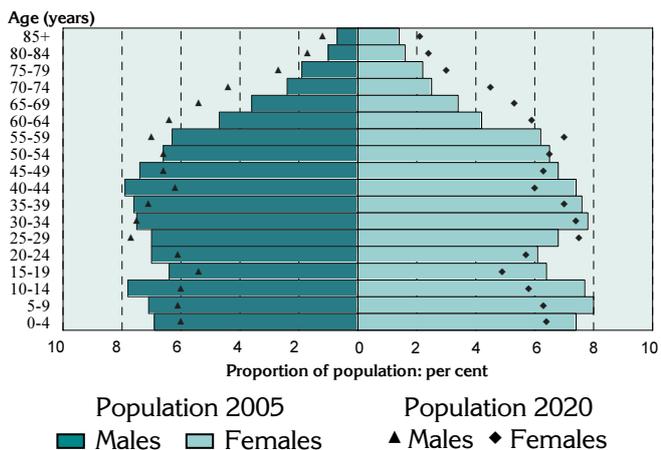
Figure 2: Population in Flinders and Far North DGP and Australia, by age and sex, 2005



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

- at younger ages – higher proportions of male and female children aged 0 to 14 years;
- from 15 to 24 years – lower proportions of both males and females;
- from 25 to 49 years – slightly higher proportions of males and females (25 to 39 years); and
- from 60 years and over – slightly higher proportions of males and females.

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



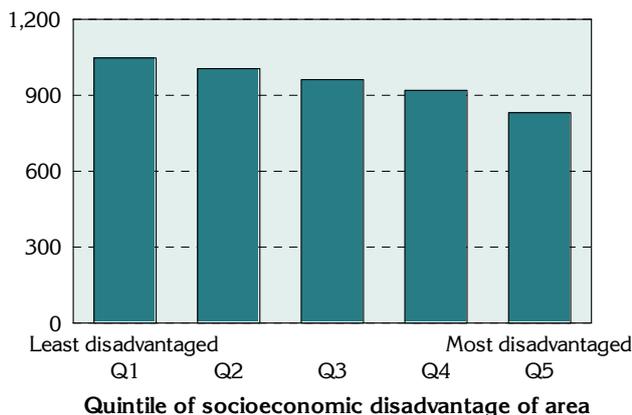
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of children, young people and young adults aged 0 to 24 years;
- from 30 to 49 years – lower proportions of both males and females; and
- from 55 years onwards – higher proportions, particularly between 55 and 74 years, of both males and females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Flinders and Far North 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, Flinders and Far North DGP, 2001



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

The Flinders and Far North DGP has an index score of 958, below the score for Australia of 1000: this score varies across the Division, from a low of 831 in the most disadvantaged areas to 1047 in the least disadvantaged areas.

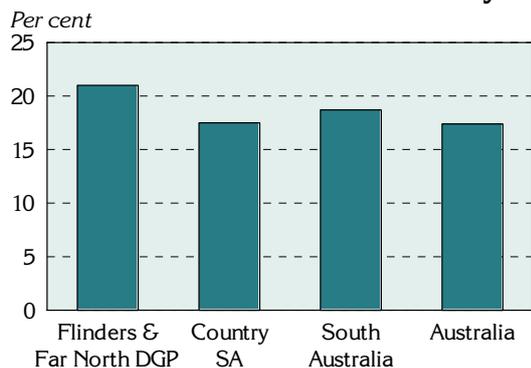
Note: each ‘quintile’ comprises approximately 20% of the population of the Division.

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. There were markedly more jobless families in the Flinders & Far North DGP (21.0%), compared to country South Australia as a whole (17.5%) (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 markedly fewer people with private health insurance (34.1%), compared to country South Australia (43.5%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Flinders and Far North DGP, country South Australia, South Australia and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

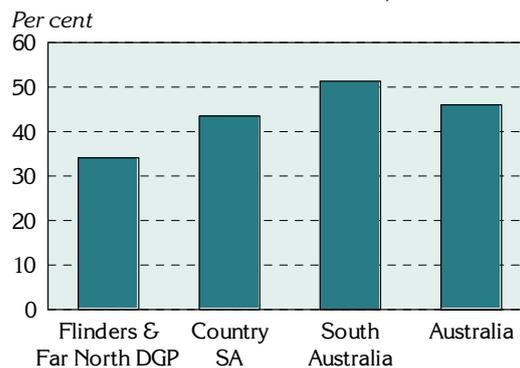
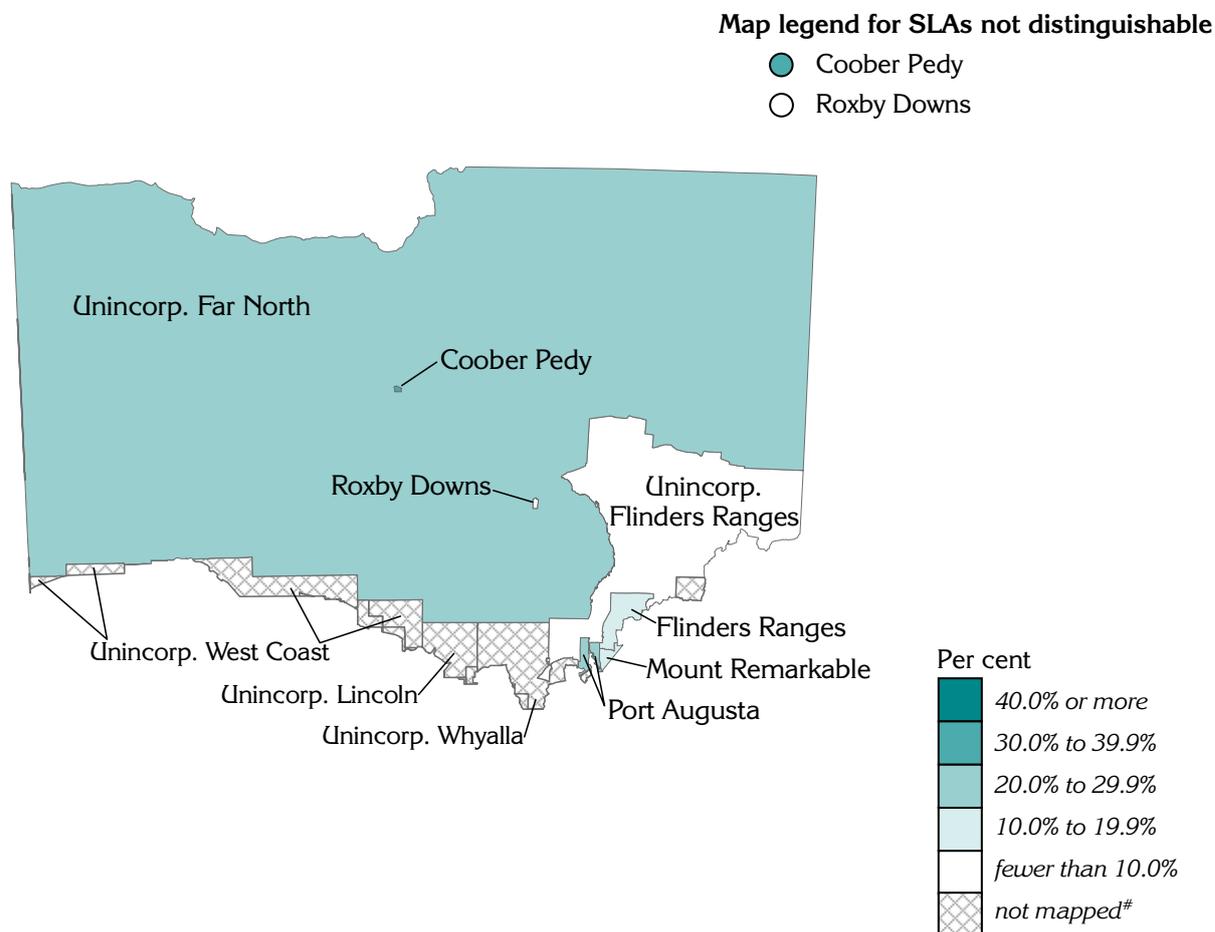


Table 2: Socio-demographic indicators, Flinders and Far North DGP, country South Australia, South Australia and Australia, 2001

Indicator	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	643	21.0	7,725	17.5	29,203	18.7	357,563	17.4
Private health insurance (30 June)	9,870	34.1	173,066	43.5	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, Flinders & Far North DGP, 2001

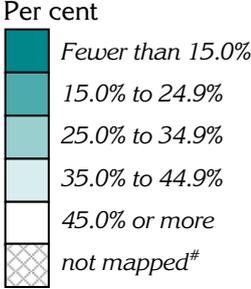
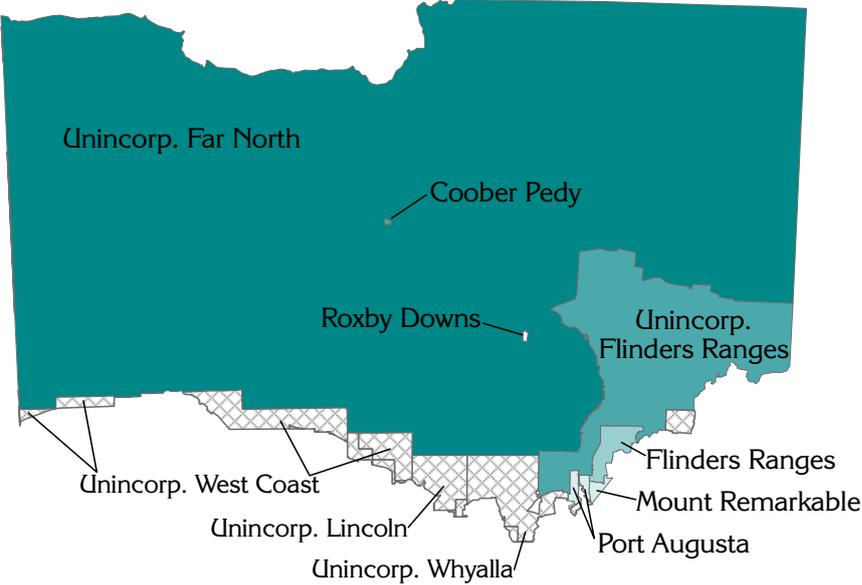


[#] data were not mapped: see 'Mapping' note under Methods

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

Map legend for SLAs not distinguishable

- Coober Pedy
- Roxby Downs



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

GP services to residents of the Flinders and Far North 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.

The majority (89.7%) of GP unreferral attendances to residents of Flinders and Far North DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 116,827 GP unreferral attendances (Table 3). A further 1.6% of unreferral attendances were provided by GPs with a provider number in Eyre Peninsula DGP, with 1.3% by GPs in Adelaide Central and Eastern DGP.

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

Division		Unreferral attendances	
Number	Name	No.	% ³
512	Flinders and Far North DGP	116,827	89.7
511	Eyre Peninsula DGP	2,144	1.6
504	Adelaide Central and Eastern DGP	1,702	1.3
508	Mid North Rural DGP	1,463	1.1
505	Adelaide Southern DGP	1,302	1.0
Other	..	6,778	5.2
Total	..	130,216	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 512 by Division in which attendance occurred

The majority (89.1%) of unreferral attendances provided by GPs with a provider number in Flinders and Far North DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 1.5% of unreferral attendances provided by the Division's GPs were to residents of Mid North Rural DGP, with 1.2% to people living in Eyre Peninsula DGP.

Table 4: GP catchment – Unreferral attendances provided by GPs¹ in Flinders and Far North DGP by Division of patient address², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
512	Flinders and Far North DGP	116,827	89.1
508	Mid North Rural DGP	2,031	1.5
511	Eyre Peninsula DGP	1,633	1.2
501	Adelaide Western DGP	1,055	0.8
802	Central Australian DGP	995	0.8
Other	..	8,628	6.6
Total	..	131,169	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 512 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined: Pt Augusta (part of Flinders and Far North DGP)

Please refer to the earlier *Population health profile of the Flinders and Far North 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 SLA of Port Augusta, which comprises approximately 50.0% of the Division's population. The estimates have not been made for the whole Division as only this SLA was included in the National Health Survey. The measures are of people who *had asthma and were smokers*, and people who *had type 2 diabetes and were overweight or obese*: note that the estimates have been predicted from self-reported data, and are not based on clinical records or physical measures.

It is estimated that there were relatively more people in Port Augusta SLA who had asthma and were smokers, compared to country South Australia or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher. Similarly, there was a higher rate of people in Port Augusta SLA who had type 2 diabetes and were overweight/ obese, compared to country South Australia (in particular) or Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Pt Augusta SLA, country South Australia and Australia, 2001



Table 5: Estimates of selected chronic diseases and risk factors, Pt Augusta SLA, country South Australia, South Australia and Australia, 2001

Variable	Pt Augusta SLA		Country SA		South Australia		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	387	29.2	9,057	25.5	32,487	22.3	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	219	16.0	5,425	12.8	23,187	14.9	283,176	15.2

¹ No. is a weighted estimate of the number of people in Port Augusta SLA 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 1,433 admissions from ambulatory care sensitive (ACS) conditions accounted for 11.4% of all hospitalisations in the Flinders and Far North DGP (Table 6, Figure 7), markedly above the levels in South Australia (8.5) and Australia (8.7%).

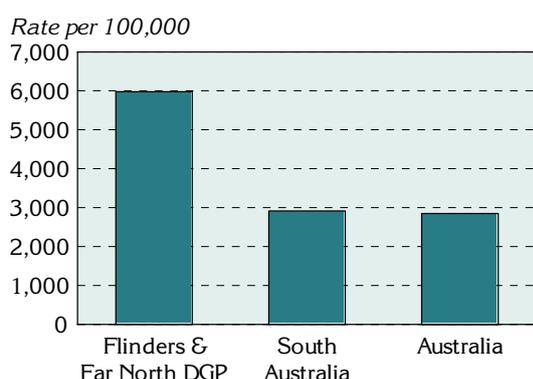
Table 6: Avoidable¹ and unavoidable hospitalisations, Flinders and Far North DGP, South Australia, and Australia, 2001/02

Category	Flinders and Far North DGP			South Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	1,433	5,976.9	11.4	47,247	2,915.7	8.5	552,786	2,847.5	8.7
Unavoidable	11,170	45,081.4	88.6	507,053	32,039.4	91.5	5,818,199	29,970.7	91.3
Total	12,602	51,007.8	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, Flinders and Far North DGP, South Australia and Australia, 2001/02



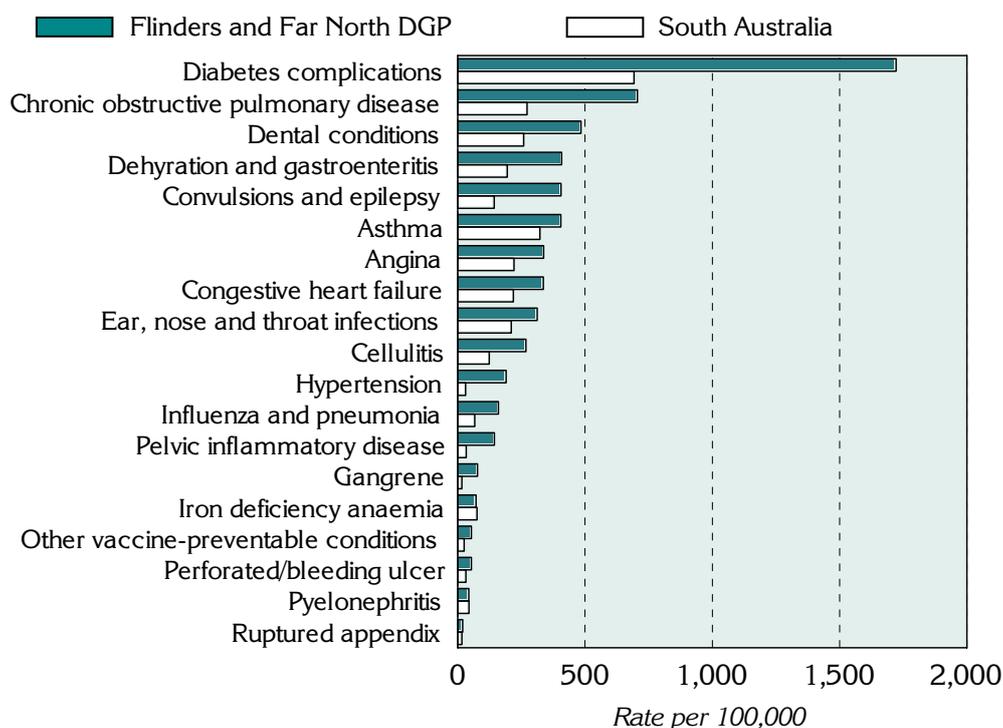
The rate of avoidable hospitalisations in Flinders and Far North DGP is substantially higher, a rate of 5,976.9 admissions per 100,000 population, compared to both South Australia (a rate of 2,915.7), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, , chronic obstructive pulmonary disease, dental conditions and dehydration and gastroenteritis, were the four conditions with the highest rates of avoidable hospitalisations in the Flinders and Far North DGP (Figure 8, Table 7).

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

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

Sub-category/ condition	Flinders and Far North DGP		South Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	54	214.6	1,466	92.9	16,573	85.4
Influenza and pneumonia	39	160.3	1,075	67.0	13,021	67.1
Other vaccine preventable	15	54.3	391	25.9	3,552	18.3
Chronic³	840	3,771.1	30,607	1,837.6	352,545	1,816
Diabetes complications	386	1,722.0	11,640	692.9	141,345	728.1
Iron deficiency anaemia	16	72.6	1,271	76.1	16,451	84.7
Hypertension	41	190.5	532	31.6	6,354	32.7
Congestive heart failure	63	336.6	3,900	219.1	42,447	218.6
Angina	73	338.0	3,778	221.6	49,963	257.4
Chronic obstructive pulmonary disease	147	706.2	4,710	272.9	54,853	282.6
Asthma	114	405.2	4,776	323.4	41,009	211.3
Acute	592	2,220.3	16,405	1,077.6	200,913	1,035
Dehydration and gastroenteritis	98	408.6	3,111	194.8	37,766	194.5
Convulsions and epilepsy	113	405.9	2,153	143.6	31,137	160.4
Ear, nose and throat infections	92	312.7	3,046	210.9	32,075	165.2
Dental conditions	139	484.0	3,831	259.2	43,667	224.9
Perforated/bleeding ulcer	12	54.0	555	32.5	5,795	29.9
Ruptured appendix	6	20.2	255	17.0	3,866	19.9
Pyelonephritis	11	43.8	681	44.7	7,386	38.0
Pelvic inflammatory disease	37	144.6	497	33.7	6,547	33.7
Cellulitis	67	268.2	1,987	124.1	28,204	145.3
Gangrene	17	78.3	289	17.1	4,470	23.0
Total avoidable hospitalisations⁴	1,433	5,976.9	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.

Over three quarters (77.1%) of all deaths in Flinders and Far North DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, higher than the proportion for country South Australia (72.5%) (Table 8). The rate in the Division is markedly higher than that in country South Australia, a differential of 1.36.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 31.2% of all deaths at ages 0 to 74 years in Flinders and Far North DGP, higher than the 29.8% in country South Australia.

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

Mortality category	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	363	312.8	4,852	230.3	15,938	210.4	189,845	211.8
% of total	77.1	..	72.5	..	71.4	..	71.5	..
(Amenable)	(147)	(129.4)	(1,993)	(93.6)	(6,556)	(85.9)	(76,249)	(85.1)
(% of total)	(31.2)	(..)	(29.8)	(..)	(29.4)	(..)	(28.7)	(..)
Unavoidable	108	94.3	1,837	86.5	6,369	83.7	75,582	84.3
% of total	22.9	..	27.5	..	28.6	..	28.5	..
Total mortality	471	407.4	6,688	316.8	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. Flinders and Far North DGP's rate of avoidable mortality for males was 389.7 deaths per 100,000 males, higher than the rate of 238.0 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 137.9, compared to 122.0 for females, a rate ratio of 1.13 (Figure 9, Table 9).

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

Note: the different scales

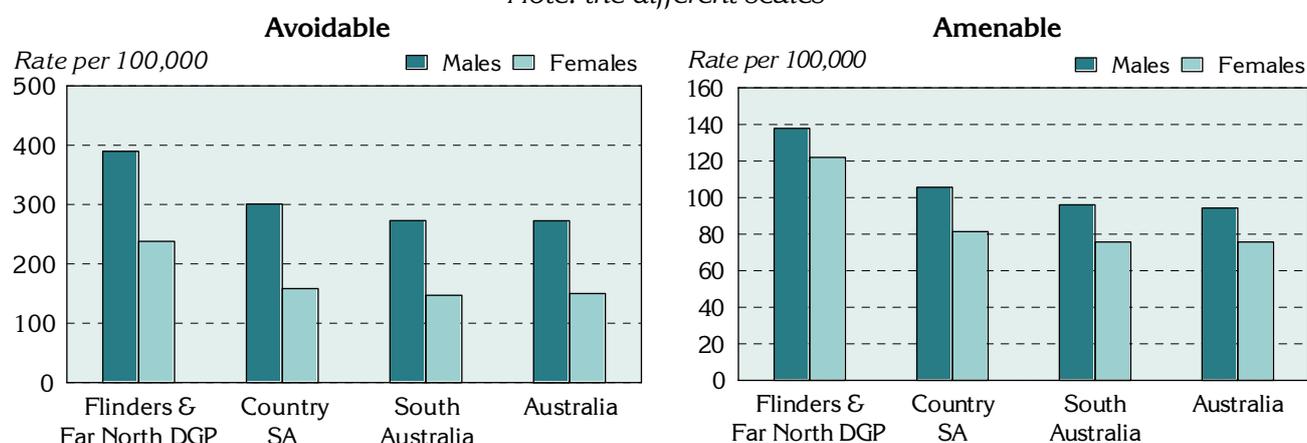


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Flinders and Far North DGP, country South Australia, South Australia and Australia, 1997 to 2001

Mortality category and sex	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	244	389.7	3,259	300.9	10,326	272.8	123,026	272.6
Females	119	238.0	1,593	158.3	5,612	147.2	66,819	150.1
Total	363	312.8	4,852	230.3	15,938	210.4	189,845	211.8
Rate ratio–M:F²	..	1.64**	..	1.90**	..	1.85**	..	1.82**
Amenable								
Males	85	137.9	1,169	105.6	3,671	96.0	42,568	94.3
Females	62	122.0	824	81.4	2,884	75.7	33,681	75.7
Total	147	129.4	1,993	93.6	6,556	85.9	76,249	85.1
Rate ratio–M:F²	..	1.13	..	1.30**	..	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) , 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 Flinders and Far North DGP, country South Australia, South Australia and Australia over the observation period 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 77.3% of total YLL (0 to 74 years) for Flinders and Far North DGP, higher than the 72.9% for country South Australia. The proportion of YLL from amenable mortality of 30.5% for Flinders and Far North DGP was higher than the 28.9% for country South Australia.

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

Mortality category	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	7,026	77.3	83,705	72.9	273,135	71.8	3,327,375	71.9
(Amenable)	(2,767)	(30.5)	(33,165)	(28.9)	(108,777)	(28.6)	(1,298,430)	(28.0)
Unavoidable	2,058	22.7	31,059	27.1	107,223	28.2	1,303,289	28.1
Total	9,085	100.0	114,764	100.0	380,358	100.0	4,630,664	100.0

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 1,607.2 deaths per 100,000 population in the Flinders and Far North 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 of 464.7 in the Flinders and Far North Division.

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

Mortality category and age (years)	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	21	61.0	118	26.8	352	24.2	5,669	28.8
15-24	13	70.8	159	67.5	523	52.4	7,045	52.8
25-44	77	167.5	596	99.3	1,979	88.8	24,356	83.9
45-64	135	464.7	1,640	333.3	5,130	297.8	64,282	304.9
65-74	117	1,607.2	2,338	1439.0	7,954	1354.8	88,493	1,358.1
Total	363	312.8	4,852	230.3	15,938	210.4	189,845	211.8
Amenable								
0-24	15	26.2	101	14.1	324	13.3	5,083	15.4
25-44	22	50.5	146	23.8	507	22.6	5,946	20.5
45-64	56	197.4	710	144.8	2,248	130.1	27,464	130.3
65-74	54	744.1	1,036	641.3	3,477	591.6	37,756	579.4
Total	147	129.4	1,993	93.6	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 Flinders and Far North DGP were for cardiovascular diseases, a rate of 102.6 deaths per 100,000 population, and cancer, with a rate of 75.4 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 73.9 per 100,000 population and 27.2 per 100,000, respectively.

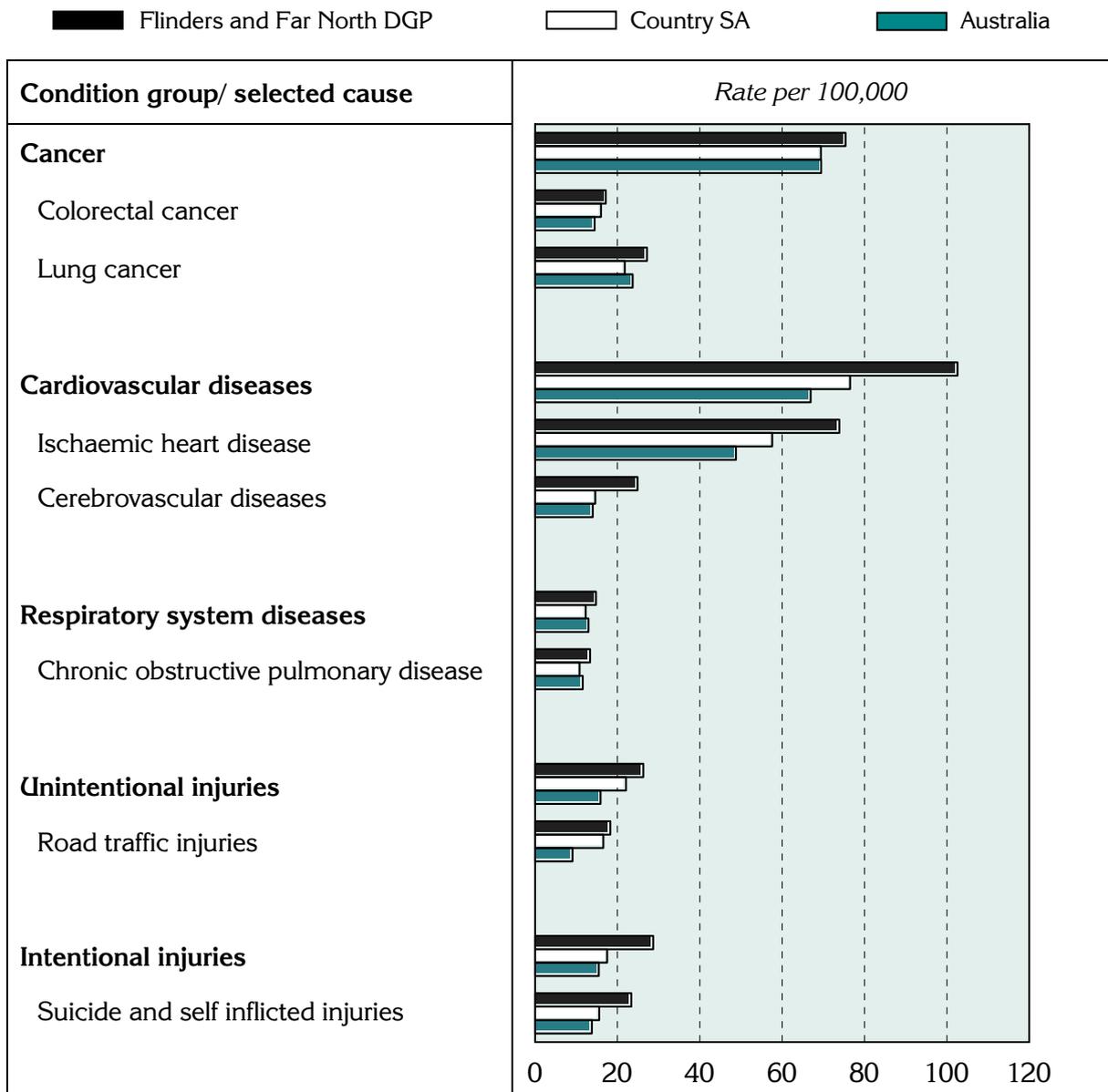
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Flinders and Far North DGP, country South Australia, South Australia and Australia, 1997 to 2001

Condition group/ selected cause	Flinders and Far North DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	84	75.4	1,489	69.4	5,209	67.8	62,338	69.5
Colorectal cancer	19	17.2	346	16.0	1,142	14.8	13,008	14.5
Lung cancer	31	27.2	477	21.8	1,728	22.3	21,208	23.7
Cardiovascular diseases	114	102.6	1,669	76.5	5,324	68.5	59,945	66.9
Ischaemic heart disease	83	73.9	1,260	57.6	3,918	50.5	43,712	48.8
Cerebrovascular diseases	27	24.9	316	14.6	1,086	13.9	12,558	14.0
Respiratory system diseases	16	14.8	270	12.3	897	11.4	11,612	13.0
Chronic obstructive pulmonary disease	14	13.4	239	10.8	783	9.9	10,395	11.6
Unintentional injuries	35	26.3	412	22.1	1,085	15.5	14,224	15.9
Road traffic injuries	24	18.3	307	16.6	687	9.9	8,138	9.1
Intentional injuries	38	28.7	329	17.5	1,138	16.3	13,891	15.5
Suicide and self inflicted injuries	31	23.4	293	15.6	1,018	14.5	12,393	13.8

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

Rates in the Division were above those for Australia for all condition groups and selected causes (Figure 10).

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



Notes on the data

Data sources and limitations

General

References to 'country South Australia' relate to South Australia excluding 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 (i.e. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Flinders and Far North 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, SLAs are the same as local government areas (LGAs). Unincorporated areas of the State are also SLAs. The Flinders and Far North Division contains all of the SLAs listed in Table 14.

Table 14: SLAs and population in Flinders and Far North 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
41330	Coober Pedy(DC)	100.0	2,091
41830	Flinders Ranges(DC)	100.0	1,692
44830	Mount Remarkable(DC)	10.7	303
46090	Port Augusta(C)	100.0	13,735
46970	Roxby Downs(M)	100.0	3,571
49179	Unincorp Lincoln	68.7	#
49249	Unincorp West Coast	0.3	#
49389	Unincorp Whyalla	20.2	#
49529	Unincorp Flinders Ranges	100.0	1,192
49589	Unincorp Far North	63.9	3,332

* 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

Not shown as the total population is less than 100

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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