

Population health profile of the Mid West

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 Mid West Division of General Practice: supplement

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

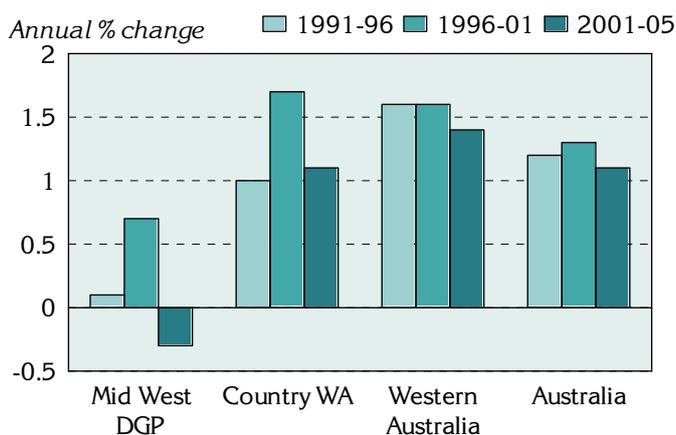
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Mid West Division had an Estimated Resident Population of 60,866 at 30 June 2005.

Figure 1: Annual population change, Mid West DGP, country Western Australia, Western Australia and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



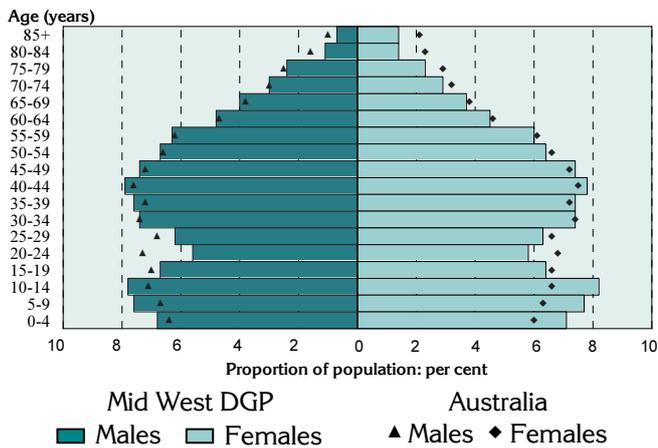
Over the five years from 1991 to 1996, the Division's population increased by 0.1% on average each year, substantially lower than in country Western Australia (1.0%) and Western Australia (1.6%). From 1996 to 2001, the population increased on average by 0.7%, below the increases for country Western Australia (1.7%) and Western Australia (1.6%). The Division's population decreased by an average of 0.3% each year from 2001 to 2005 compared to increases in country Western Australia (1.1%) and Western Australia (1.4%).

Table 1: Population by age, Mid West DGP and Australia, 2005

Age group (years)	Mid West DGP		Australia	
	No.	%	No.	%
0-14	13,733	22.6	3,978,221	19.6
15-24	7,450	12.2	2,819,834	13.9
25-44	17,651	29.0	5,878,107	28.9
45-64	15,066	24.8	4,984,446	24.5
65-74	4,135	6.8	1,398,831	6.9
75-84	2,205	3.6	954,143	4.7
85+	626	1.0	315,027	1.5
Total	60,866	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below (Figure 2), the Mid West DGP had relatively more children, 22.6% at ages 0 to 14 years and fewer people aged 15 to 24 years (12.2%), compared to Australia as a whole (19.6% and 13.9%) (Table 1). The proportions of the Division's population aged 65 and over, were lower than those for Australia.

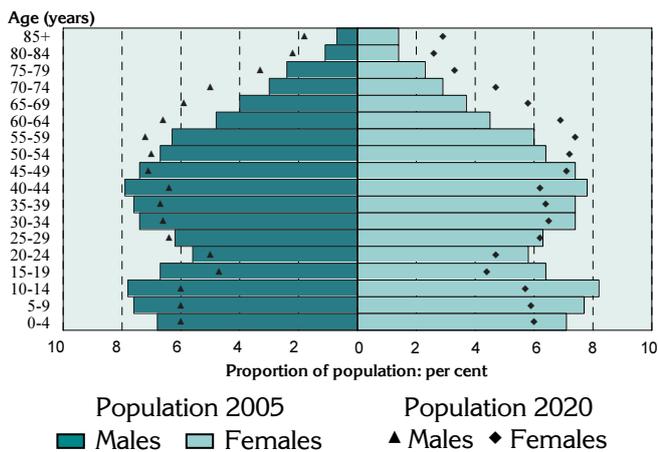
Figure 2: Population in Mid West DGP and Australia, by age and sex, 2005



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 (particularly females);
- from 15 to 29 years – relatively fewer males and females;
- from 35 to 49 years – relatively more males and females; and
- at older ages – relatively fewer males aged 80 years and over, and females aged 70 years and over.

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



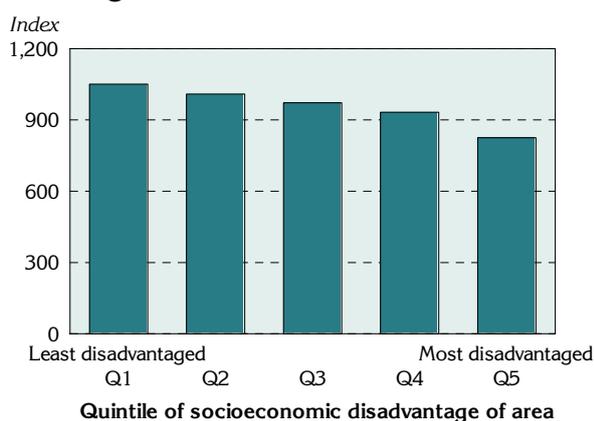
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- 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 of age – relatively more males and females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Mid West 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, Mid West DGP, 2001



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

The Mid West DGP has an index score of 957, below the score for Australia of 1000: this score varies across the Division, from a low of 825 in the most disadvantaged areas to 1050 in the least disadvantaged areas.

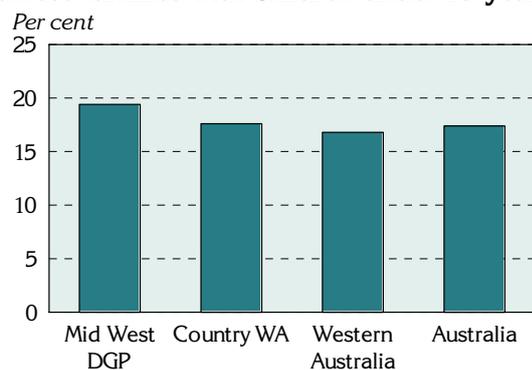
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 more jobless families in the Mid West DGP (19.4%), compared to country Western Australia as a whole (17.6%) (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 notably lower proportion of people with private health insurance (26.0%), compared to country Western Australia (30.3%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Mid West DGP, country Western Australia, Western Australia and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

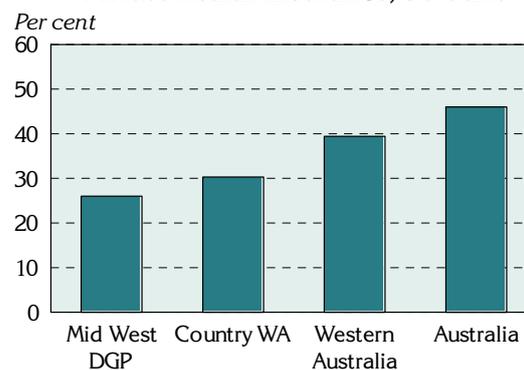
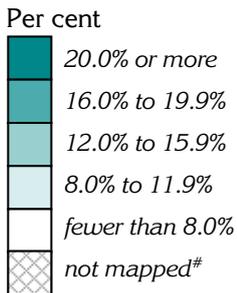
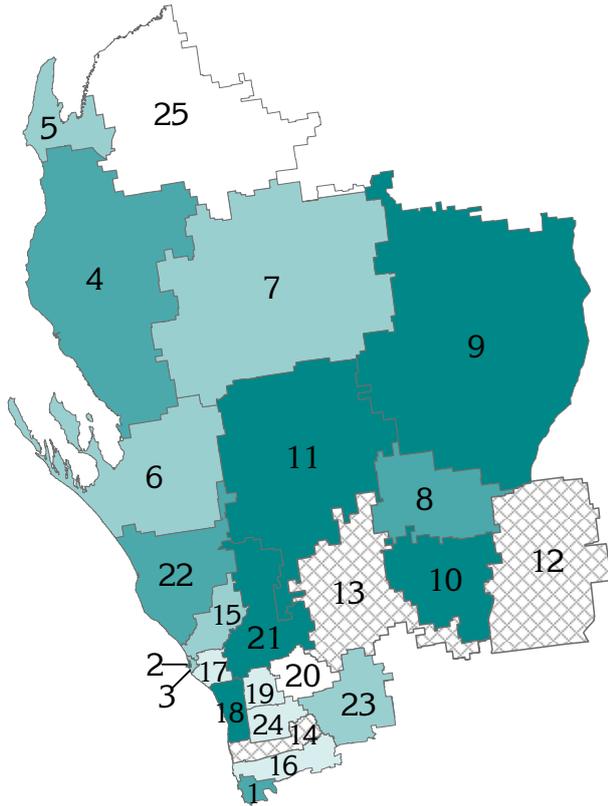


Table 2: Socio-demographic indicators, Mid West DGP, country Western Australia, Western Australia and Australia, 2001

Indicator	Mid West DGP		Country WA		Western Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	1,385	19.4	10,142	17.6	34,396	16.8	357,563	17.4
Private health insurance (30 June)	17,323	26.0	148,821	30.3	708,743	39.4	8,671,106	46.0

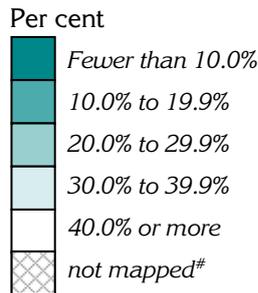
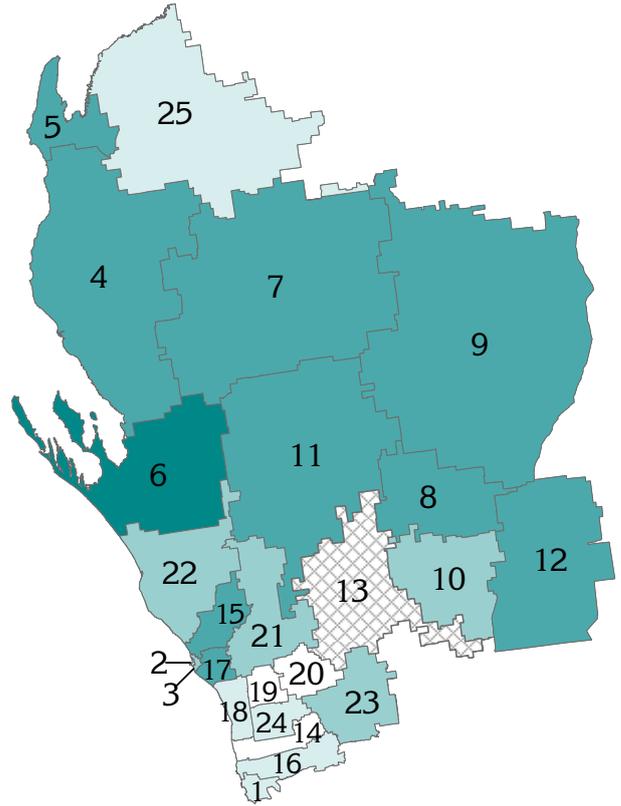
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



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

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



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

Alphabetical key to Statistical Local Areas, Mid West DGP, 2001

Ashburton	25	Mingenew	19
Carnamah	14	Morawa	20
Carnarvon	4	Mount Magnet	10
Chapman Valley	15	Mullewa	21
Coorow	16	Murchison	11
Cue	8	Northampton	22
Dandaragan	1	Perenjori	23
Exmouth	5	Sandstone	12
Geraldton	2	Shark Bay	6
Greenough - Part A	3	Three Springs	24
Greenough - Part B	17	Upper Gascoyne	7
Irwin	18	Yalgoo	13
Meekatharra	9		

GP services to residents of the Mid West 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 (86.5%) of all unreferred attendances to residents of Mid West DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 171,689 GP unreferred attendances (Table 3). A further 2.2% of unreferred attendances to residents of the Division were provided by GPs with a provider number in the Perth & Hills DGP, with 1.9% by GPs in Osborne DGP.

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

Division		Unreferred attendances	
Number	Name	No.	% ³
612	Mid West DGP	171,689	86.5
601	Perth & Hills DGP	4,390	2.2
603	Osborne DGP	3,743	1.9
604	Canning DGP	3,120	1.6
605	Fremantle Regional DGP	2,891	1.5
602	GP Coastal DGP	2,551	1.3
Other	..	10,211	5.1
Total	..	198,595	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 612 by Division in which attendance occurred

The majority (90.8%) of unreferred attendances provided by GPs with a provider number in Mid West DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 2.0% of unreferred attendances by GPs in the Division were to people living in Central Wheatbelt DGP (1.0%) and Osborne DGP (1.0%).

Table 4: GP catchment – Unreferred attendances provided by GPs¹ in Mid West DGP by Division of patient address², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
612	Mid West DGP	171,689	90.8
615	Central Wheatbelt DGP	1,885	1.0
603	Osborne DGP	1,844	1.0
601	Perth & Hills DGP	1,786	0.9
604	Canning DGP	1,687	0.9
607	GP Down South DGP	1,352	0.7
Other	..	8,787	4.6
Total	..	189,030	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 612 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined: Geraldton (part of Mid West DGP)

Please refer to the earlier *Population health profile of the Mid West 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 Geraldton, which comprises approximately one third of the Division's population. The estimates have not been made for the whole Division as only these SLAs were 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 Geraldton SLA who had asthma and were smokers, compared to country Western Australia or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher. The rate of people in Geraldton SLA who had type 2 diabetes and were overweight/ obese was higher compared to country Western Australia, and consistent with that for Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Geraldton SLA, country Western Australia and Australia, 2001



Table 5: Estimates of selected chronic diseases and risk factors, Geraldton SLA, country Western Australia, Western Australia and Australia, 2001

Variable	Geraldton SLA		Country WA		Western Australia		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	527	28.7	11,045	25.2	38,731	21.1	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	288	14.6	5,869	13.2	25,290	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in Geraldton 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 2,996 admissions from ambulatory care sensitive (ACS) conditions accounted for 14.2% of all admissions in the Mid West DGP (Table 6, Figure 7), substantially above the levels in Western Australia (8.8) and Australia (8.7%).

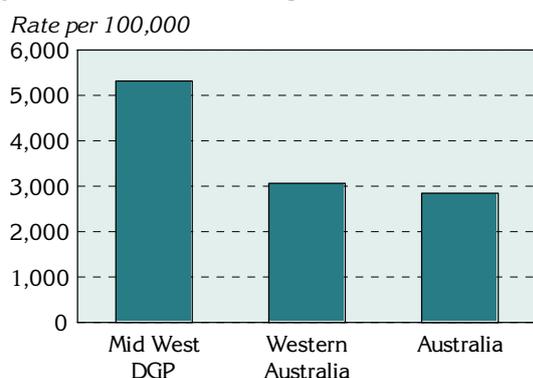
Table 6: Avoidable¹ and unavoidable hospitalisations, Mid West DGP, Western Australia, and Australia, 2001/02

Category	Mid West DGP			Western Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	2,996	5,316.6	14.2	55,102	3,062.4	8.8	552,786	2,847.5	8.7
Unavoidable	18,137	31,547.8	85.8	568,402	31,010.0	91.2	5,818,199	29,970.7	91.3
Total	21,133	36,822.1	100.0	623,504	34,070.5	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, Mid West DGP, Western Australia and Australia, 2001/02



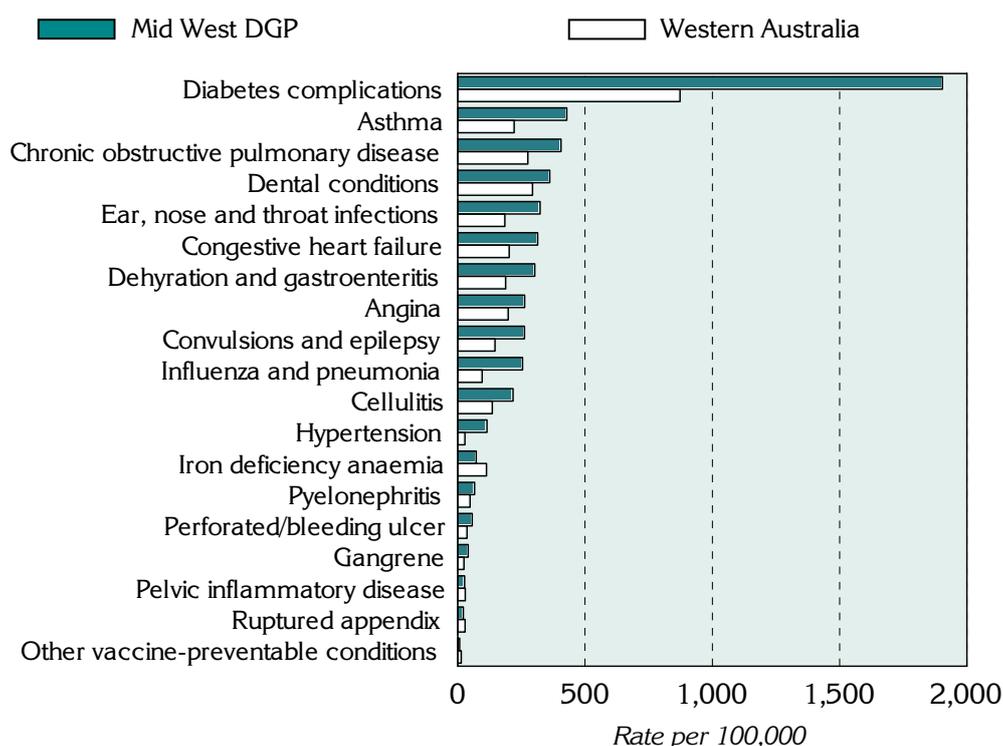
The rate of avoidable hospitalisations in Mid West DGP is substantially higher, a rate of 5,316.6 admissions per 100,000 population, compared to both Western Australia (a rate of 3,062.4) and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, asthma, chronic obstructive pulmonary disease and dental conditions were the four conditions with the highest rates of avoidable hospitalisations in the Mid West DGP: the rates for diabetes complications and asthma were substantially above the rates in Western Australia (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 ear, nose and throat infections have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Mid West DGP and Western Australia, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Mid West DGP, Western Australia and Australia, 2001/02

Sub-category/ condition	Mid West DGP		Western Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	151	262.9	2,018	110.7	16,573	85.4
Influenza and pneumonia	146	255.0	1,743	96.2	13,021	67.1
Other vaccine preventable	5	7.9	275	14.5	3,552	18.3
Chronic³	1,887	3,504.6	33,628	1,915.6	352,545	1,816
Diabetes complications	1,024	1,904.0	15,323	873.6	141,345	728.1
Iron deficiency anaemia	38	73.0	2,009	113.4	16,451	84.7
Hypertension	59	115.4	510	29.0	6,354	32.7
Congestive heart failure	142	314.1	3,400	202.9	42,447	218.6
Angina	137	263.4	3,452	198.5	49,963	257.4
Chronic obstructive pulmonary disease	207	405.8	4,707	275.9	54,853	282.6
Asthma	280	428.9	4,227	222.3	41,009	211.3
Acute	1,035	1,684.5	21,021	1,121.4	200,913	1,035
Dehydration and gastroenteritis	167	302.8	3,443	188.7	37,766	194.5
Convulsions and epilepsy	167	262.4	2,779	146.7	31,137	160.4
Ear, nose and throat infections	220	324.1	3,550	185.3	32,075	165.2
Dental conditions	238	361.9	5,623	294.3	43,667	224.9
Perforated/bleeding ulcer	29	57.2	645	37.1	5,795	29.9
Ruptured appendix	14	22.6	566	29.4	3,866	19.9
Pyelonephritis	38	66.6	914	48.7	7,386	38.0
Pelvic inflammatory disease	16	27.7	577	30.2	6,547	33.7
Cellulitis	124	217.5	2,484	135.9	28,204	145.3
Gangrene	22	41.7	440	25.1	4,470	23.0
Total avoidable hospitalisations⁴	2,996	5,316.6	55,102	3,062.4	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 two thirds (71.7%) of all deaths in Mid West DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, marginally lower than the proportion for country Western Australia (72.7%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 27.0% of all deaths at ages 0 to 74 years in Mid West DGP, compared to 27.6% in country Western Australia.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Mortality category	Mid West DGP		Country WA		Western Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	640	235.4	5,122	233.8	16,602	201.0	189,845	211.8
% of total	71.7	..	72.7	..	71.2	..	71.5	..
(Amenable)	(241)	(90.1)	(1,943)	(89.6)	(6,517)	(79.6)	(76,249)	(85.1)
(% of total)	(27.0)	(..)	(27.6)	(..)	(28.0)	(..)	(28.7)	(..)
Unavoidable	253	93.5	1,925	88.3	6,708	81.6	75,582	84.3
% of total	28.4	..	27.3	..	28.8	..	28.5	..
Total mortality	892	328.9	7,047	322.1	23,310	282.6	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. Mid West DGP's rate of avoidable mortality for males was 321.8 deaths per 100,000 males, higher than the rate of 143.9 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 112.9, compared to 64.4, for females, a rate ratio of 1.75 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Note: the different scales

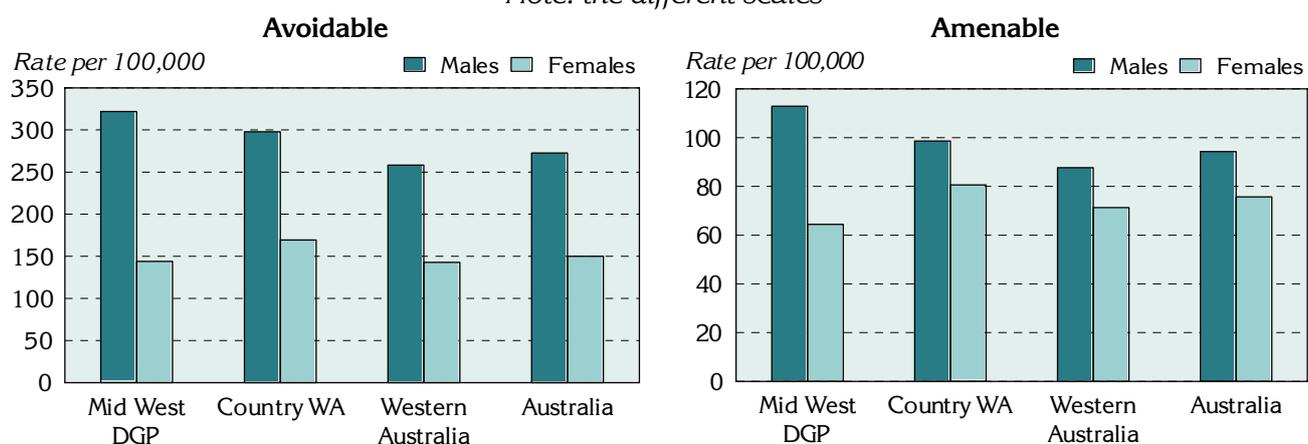


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Mortality category and sex	Mid West DGP		Country WA		Western Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	468	321.8	3,426	297.9	10,850	258.3	123,026	272.6
Females	172	143.9	1,696	169.3	5,752	142.9	66,819	150.1
Total	640	235.4	5,122	233.8	16,602	201.0	189,845	211.8
Rate ratio–M:F²	..	2.24**	..	1.76**	..	1.81**	..	1.82**
Amenable								
Males	164	112.9	1,130	98.6	3,646	87.7	42,568	94.3
Females	77	64.4	813	80.6	2,871	71.3	33,681	75.7
Total	241	90.1	1,943	89.6	6,517	79.6	76,249	85.1
Rate ratio–M:F²	..	1.75**	..	1.22**	..	1.23**	..	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 Mid West DGP, country Western Australia, Western 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 71.5% of total YLL (0 to 74 years) for Mid West DGP, lower than the 73.2% for country Western Australia. The proportion of YLL from amenable mortality of 26.7% for Mid West DGP was marginally higher than the 26.5% for country Western Australia.

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Mortality category	Mid West DGP		Country WA		Western Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	11,694	71.5	95,572	73.2	300,008	71.7	3,327,375	71.9
(Amenable)	(4,359)	(26.7)	(34,657)	(26.5)	(113,010)	(27.0)	(1,298,430)	(28.0)
Unavoidable	4,655	28.5	35,020	26.8	118,618	28.3	1,303,289	28.1
Total	16,349	100.0	130,592	100.0	418,625	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 1,442.4 deaths per 100,000 population in the Mid West 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 345.5 in the Mid West Division.

Table 11: Avoidable and amenable mortality by age, Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Mortality category and age (years)	Mid West DGP		Country WA		Western Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	29	38.0	196	32.5	548	27.9	5,669	28.8
15-24	29	72.9	309	96.4	826	60.7	7,045	52.8
25-44	90	90.8	883	110.1	2,479	85.3	24,356	83.9
45-64	232	345.5	1,718	325.2	5,546	275.2	64,282	304.9
65-74	260	1,442.4	2,016	1360.4	7,203	1282.7	88,493	1,358.1
Total	640	235.4	5,122	233.8	16,602	201.0	189,845	211.8
Amenable								
0-24	22	17.7	153	15.6	454	13.8	5,083	15.4
25-44	25	25.8	223	28.3	594	20.5	5,946	20.5
45-64	93	140.2	706	135.1	2,381	118.5	27,464	130.3
65-74	102	573.0	861	585.9	3,088	550.9	37,756	579.4
Total	241	90.1	1,943	89.6	6,517	79.6	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 Mid West DGP were for cancer, with a rate of 83.6 deaths per 100,000 population, and cardiovascular diseases, 63.4 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 48.0 per 100,000 population and 30.0 per 100,000, respectively.

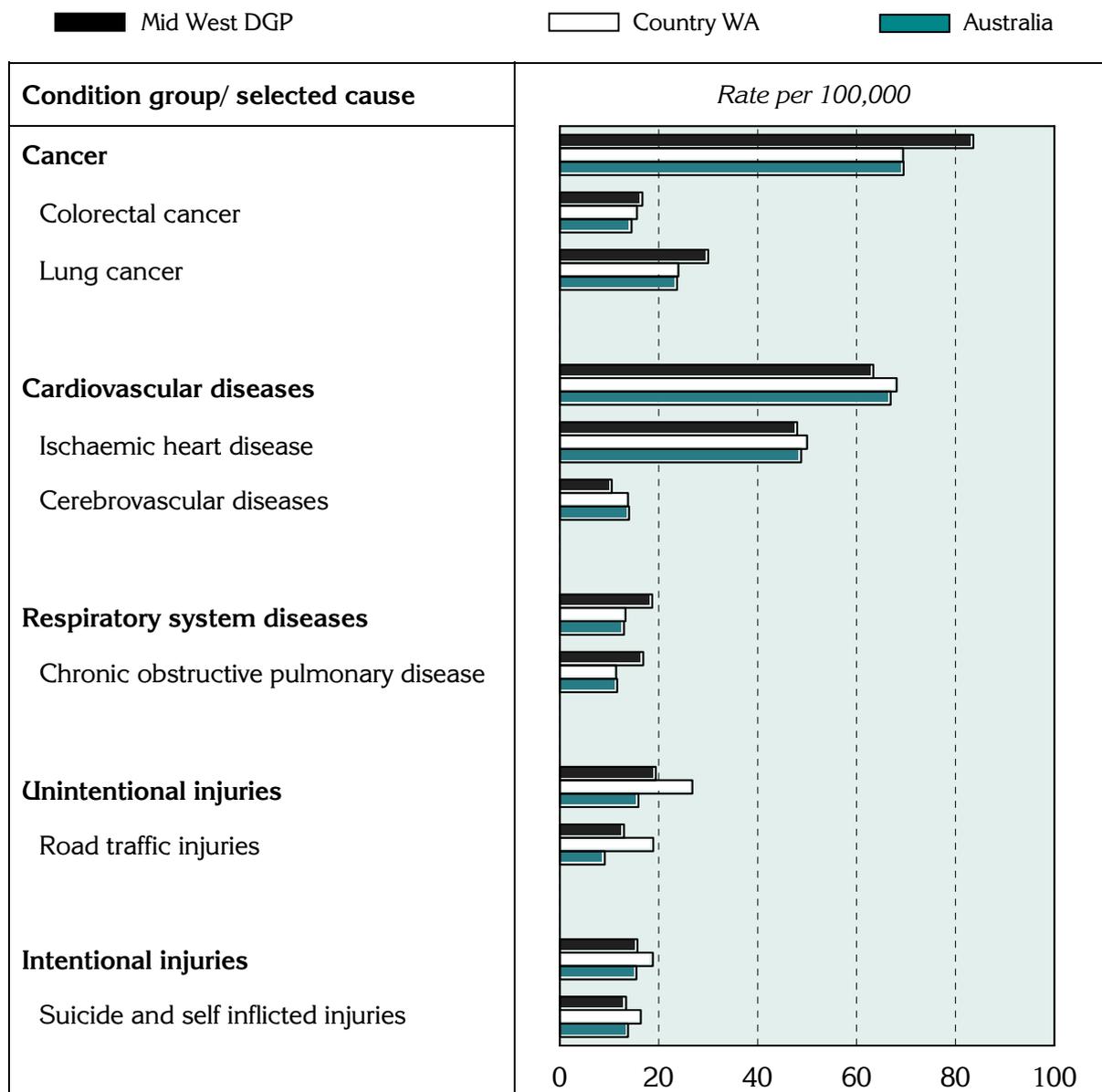
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Mid West DGP, country Western Australia, Western Australia and Australia, 1997 to 2001

Condition group/ selected cause	Mid West DGP		Country WA		Western Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	222	83.6	1,488	69.4	5,531	67.8	62,338	69.5
Colorectal cancer	45	16.7	335	15.6	1,189	14.6	13,008	14.5
Lung cancer	81	30.0	515	24.0	1,842	22.8	21,208	23.7
Cardiovascular diseases	168	63.4	1,456	68.1	4,750	58.9	59,945	66.9
Ischaemic heart disease	129	48.0	1,075	50.0	3,469	42.9	43,712	48.8
Cerebrovascular diseases	27	10.5	289	13.8	1,000	12.5	12,558	14.0
Respiratory system diseases	48	18.7	278	13.3	871	11.0	11,612	13.0
Chronic obstructive pulmonary disease	43	16.9	238	11.4	748	9.5	10,395	11.6
Unintentional injuries	56	19.4	626	26.8	1,549	17.5	14,224	15.9
Road traffic injuries	38	13.0	439	18.9	918	10.3	8,138	9.1
Intentional injuries	46	15.7	444	18.8	1,412	15.9	13,891	15.5
Suicide and self inflicted injuries	39	13.4	386	16.4	1,270	14.3	12,393	13.8

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

With the exception of cardiovascular diseases, rates in the Division for the condition groups and selected causes were above the rates for Australia (Figure 10). It is of note that the rates for the injury conditions are below those for country Western Australia.

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Mid West DGP, country Western Australia and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

References to 'country Western Australia' relate to Western Australia excluding the Perth 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 Mid West 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, most SLAs are equivalent to local government areas (LGAs): the exception is the Greenough LGA, which is split into two SLAs, Greenough - Part A and Part B. Both of these SLAs, and all or part of other SLAs listed in Table 14, comprise the Division.

Table 14: SLAs and population in Mid West 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
50250	Ashburton	9.5	570
51470	Carnamah	100.0	692
51540	Carnarvon	100.0	6,241
51610	Chapman Valley	100.0	984
52030	Coorow	100.0	1,320
52380	Cue	100.0	352
52590	Dandaragan	47.2	1,375
53360	Exmouth	100.0	2,266
53500	Geraldton	100.0	19,054
53851	Greenough - Part A	100.0	12,145
53854	Greenough - Part B	100.0	1,436
54060	Irwin	100.0	3,247
55250	Meekatharra	100.0	1,529
55530	Mingenew	100.0	525
55670	Morawa	100.0	880
55810	Mount Magnet	100.0	719
56020	Mullewa	100.0	1,057
56160	Murchison	100.0	162
56790	Northampton	100.0	3,237
57000	Perenjori	100.0	573
57630	Sandstone	100.0	150
57770	Shark Bay	100.0	974
58260	Three Springs	100.0	722
58470	Upper Gascoyne	100.0	373
59590	Yalgoo	86.5	283

* 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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