Population health profile of the

Brisbane South

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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Enquiries about or comments on this publication should be addressed to:

PHIDU, The University of Adelaide, South Australia 5005

Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au

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Contributors: Anthea Page, Sarah Ambrose, Kristin Leahy and John Glover

Population health profile of the Brisbane South Division of General Practice: supplement

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

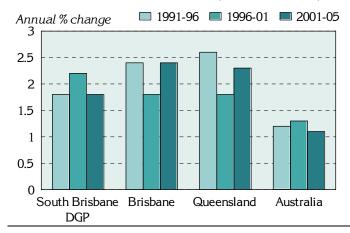
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions
- 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 Brisbane South Division had an Estimated Resident Population of 284,129 at 30 June 2005.

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



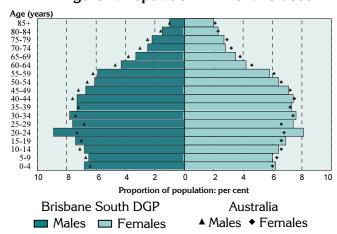
Over the five years from 1991 to 1996, the Division's population increased by 1.8% on average each year, lower than in Brisbane (2.4%) and Queensland (2.6%), but higher than for Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 2.2%, above that in Brisbane and Queensland (both 1.8%). The growth rate of 1.8% per year from 2001 to 2005 was lower than the annual increases for Brisbane (2.5%) and Queensland (2.3%), but higher than for Australia (1.1%).

Table 1: Population by age, Brisbane South DGP and Australia, 2005

Age group (years)	Brisbane South DGP		Austral	ia
	No.	%	No.	%
0-14	54,904	19.3	3,978,221	19.6
15-24	44,334	15.6	2,819,834	13.9
25-44	84,873	29.9	5,878,107	28.9
45-64	66,134	23.3	4,984,446	24.5
65-74	17,297	6.1	1,398,831	6.9
75-84	12,228	4.3	954,143	4.7
85+	4,358	1.5	315,027	1.5
Total	284,129	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below, Brisbane South DGP had slightly higher proportions of its population at ages 15 to 24 years (15.6%) and 25 to 44 years (29.9%), compared to Australia (13.9% and 28.9%, respectively) . Conversely, there were marginally fewer people in the 45 to 84 year age groups.

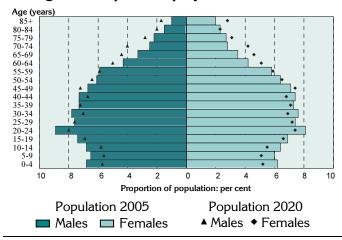
Figure 2: Population in Brisbane South DGP and Australia, by age and sex, 2005



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

- at younger ages relatively fewer children aged 5 to 14 years;
- from 20 to 34 years relatively more males and females; and
- at older ages relatively fewer males and females from 40 years of age.

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



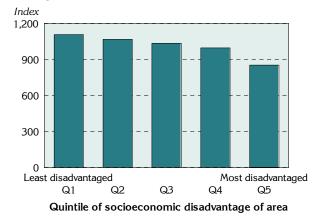
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages relatively fewer males and females aged 0 to 24 years
- from 30 to 44 years lower proportions of both males and females; and
- at ages 45 to 85+ years higher proportions of males and females (most pronounced at ages 60 to 74 years, but not including females aged 80 to 84 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Brisbane South 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, Brisbane South DGP, 2001



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

The Brisbane South DGP has an index score of 1013, above the score for Australia of 1000: this score varies widely across the Division, increasing in a step-wise fashion from a low of 853 in the most disadvantaged areas to 1107 in the least disadvantaged areas.

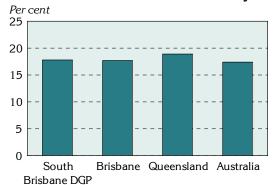
Note: each 'quintile' comprises approximately 20% of the population of the Division.

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. The proportion of jobless families in the Brisbane South DGP (17.8%) was consistent with that for Brisbane as a whole (17.7%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a higher proportion of the population with private health insurance (47.2%), compared to Brisbane (43.5%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Brisbane South DGP, Brisbane, Queensland and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

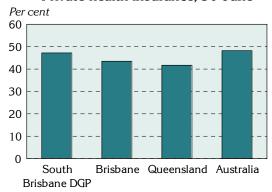
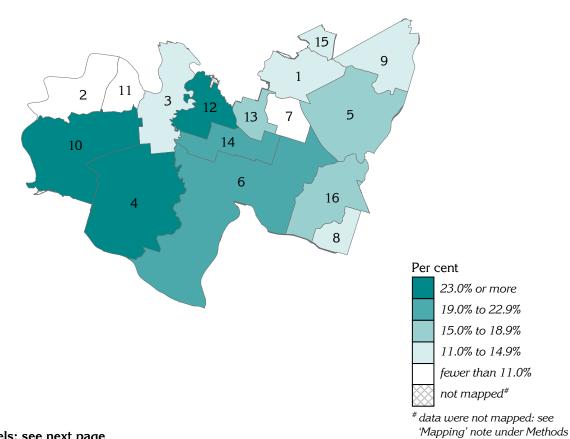


Table 2: Socio-demographic indicators, Brisbane South DGP, Brisbane, Queensland and Australia, 2001

Indicator	Brisbane South DGP		Brisba	Brisbane		and	Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	5,009	17.8	31,941	17.7	74,942	18.9	357,563	17.4
Private health insurance (30 June)	116,840	47.2	698,753	43.5	1,511,613	41.7	8,671,106	46.0

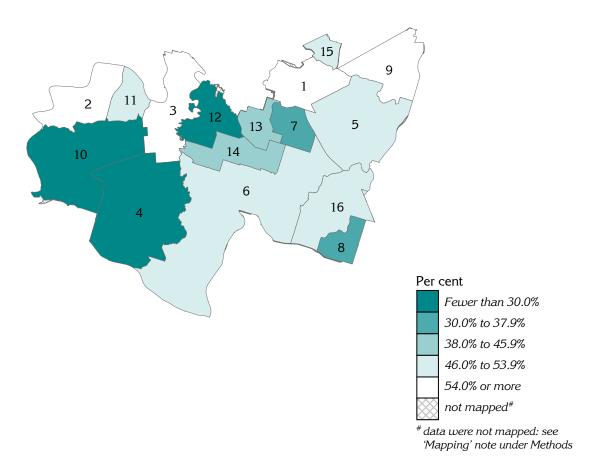
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



For map labels: see next page

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



Alphabetical k	ey to SLA/	SLA group, Brisbane South DGP, 2001	
Archerfield/Coopers Plains	14	Kuraby	8
Camp Hill/Carindale	9	MacGregor/Pallara-Heathwood-Larapin	6
Coorparoo	15	Mt Gravatt/Rochedale	5
Darra-Sumner/Wacol	10	Nathan	7
Graceville/Oxley	3	Rocklea	12
Holland Park/Tarragindi	1	Runcorn/Eight Mile Plains	16
Inala/Richlands	4	Salisbury	13
Jindalee/River Hills	2	Seventeen Mile Rock	11

GP services to residents of the Brisbane South 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.

Less than three quarters (71.2%) of all unreferred attendances to residents of Brisbane South DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 966,068 GP unreferred attendances (Table 3). A further 10.3% of unreferred attendance to residents were provided by GPs with a provider number in South East Alliance (Brisbane) DGP, with 9.6% provided by GPs in GPpartners DGP.

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

Division		Unreferred a	ttendances
Number	Name	No.	% ³
402	Brisbane South DGP	966,068	71.2
401	South East Alliance (Brisbane) DGP	140,979	10.3
405	GPpartners DGP	130,723	9.6
404	Logan Area DGP	67,566	5.0
408	Ipswich and West Morton DGP	12,367	0.9
Other	•	38,881	2.9
Total		1,356,584	100.0

¹ Based on address in Medicare records

Just over two thirds (69.5%)of unreferred attendances provided by GPs with a provider number in Brisbane South DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 10.1% of unreferred attendance by GPs in the Division were to people living in Logan Area DGP, with 8.4% to residents of South East Alliance (Brisbane) DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs¹ in Brisbane South DGP by Division of patient address², 2003-04

Division		Unreferred a	ttendances
Number	Name	No.	% ³
402	Brisbane South DGP	966,068	69.5
404	Logan Area DGP	139,849	10.1
401	South East Alliance (Brisbane) DGP	117,261	8.4
408	Ipswich & West Morton DGP	59,197	4.3
405	GPpartners DGP	52,488	3.8
Other		55,374	4.0
Total		1,390,237	100.0

¹ Division of GP based on provider number

² Division of GP based on provider number

³ Proportion of all unreferred attendances of patients with an address in Division 402 by Division in which attendance occurred

² Based on address in Medicare records

³ Proportion of all unreferred attendances to GPs with a provider number in Division 402 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Brisbane South 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 fewer people in Brisbane South DGP who had asthma and were smokers, compared to Brisbane and Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower. However, the estimated rate of people in Brisbane South DGP who had type 2 diabetes and were overweight/ obese was consistent with the levels in Brisbane and Australia.

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



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

Variable	Brisbane South DGP		Brisbane		Queens	sland	Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No.1	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	5,124	18.3	37,177	21.6	83,759	23.2	397,734	20.8
Had type 2 diabetes & were overweight/obese ⁴	3,760	15.7	23,133	15.7	52,952	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in Brisbane South 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 6,541 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.5% of all admissions in the Brisbane South DGP (Table 6, Figure 7), notably lower than the levels in Queensland (8.5%) and Australia (8.7%).

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

Category	Brisba	ane South I	OGP	Queensland			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	6,541	2,557.6	7.5	106,884	3,025.0	8.5	552,786	2,847.5	8.7
Unavoidable	80,863	31,060.2	92.5	1,153,519	32,410.1	91.5	5,818,199	29,970.7	91.3
Total	87,404	33,624.1	100.0	1,260,403	35,435.5	100.0	6,370,985	32,818.2	100.0

¹ Admissions resulting from ACS conditions

Figure 7: Avoidable hospitalisations¹, Brisbane South DGP, Queensland and Australia, 2001/02



The rate of avoidable hospitalisations in Brisbane South DGP is notably lower, a rate of 2,557.6 admissions per 100,000 population, compared to Queensland (a rate of 3,025.0) and Australia (2.847.5).

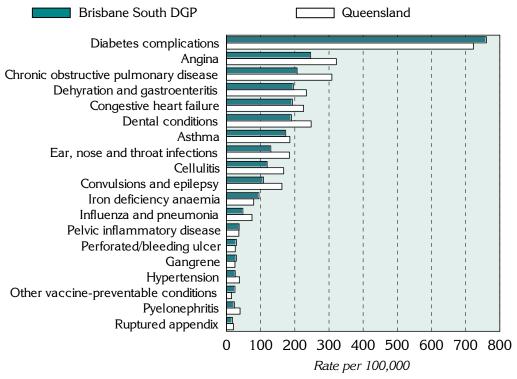
Diabetes complications, angina, chronic obstructive pulmonary disease, dehydration and gastroenteritis and congestive heart failure were the conditions with the highest rates of avoidable hospitalisations in the Brisbane South DGP (Figure 8, Table 7).

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

² Rate is the indirectly age-standardised rate per 100,000 population

¹ Admissions resulting from ACS conditions

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



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

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

Sub-category/ condition	Brisbane S	South DGP	Qı	eensland	Austr	alia
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	188	72.8	3,188	89.6	16,573	85.4
Influenza and pneumonia	123	47.9	2,646	74.6	13,021	67.1
Other vaccine preventable	65	24.9	542	15.0	3,552	18.3
Chronic ³	4,263	1,700.8	65,455	1,882.0	352,545	1,816
Diabetes complications	1,892	760.9	25,175	722.9	141,345	728.1
Iron deficiency anaemia	243	95.0	2,772	79.7	16,451	84.7
Hypertension	65	25.5	1,324	38.3	6,354	32.7
Congestive heart failure	484	193.0	7,617	225.5	42,447	218.6
Angina	613	246.5	11,134	321.5	49,963	257.4
Chronic obstructive pulmonary disease	508	206.6	10,619	308.5	54,853	282.6
Asthma	458	173.3	6,814	185.6	41,009	211.3
Acute	2,315	877.9	41,300	1,143.3	200,913	1,035
Dehydration and gastroenteritis	516	195.6	8,278	234.1	37,766	194.5
Convulsions and epilepsy	287	108.5	5,902	162.3	31,137	160.4
Ear, nose and throat infections	346	129.7	6,829	184.4	32,075	165.2
Dental conditions	500	189.9	9,101	247.8	43,667	224.9
Perforated/bleeding ulcer	73	28.9	892	25.8	5,795	29.9
Ruptured appendix	47	17.5	754	20.7	3,866	19.9
Pyelonephritis	63	23.2	1,437	39.8	7,386	38.0
Pelvic inflammatory disease	103	36.9	1,315	36.2	6,547	33.7
Cellulitis	308	119.0	5,930	167.4	28,204	145.3
Gangrene	72	28.7	862	24.8	4,470	23.0
Total avoidable hospitalisations ⁴	6,541	2,557.6	106,884	3,025.0	552,786	2,847.5

¹ Admissions resulting from ACS conditions

² Rate is the indirectly age-standardised rate per 100,000 population

³ Excludes nutritional deficiencies as less than ten admissions

⁴ Sub-category and condition numbers and rates do not add to the reported total avoidable admissions: five conditions (influenza & pneumonia, other vaccine preventable, diabetes complications, ruptured appendix and gangrene) are counted in 'any diagnosis', so may be included in more than one condition group

Avoidable mortality

Avoidable and amenable mortality comprises those causes of death that are potentially avoidable at the present time, given available knowledge about social and economic policy impacts, health behaviours, and health care (the latter relating to the subset of amenable causes).

For information on the avoidable and amenable mortality conditions and ICD codes included in the analysis in this section, please refer to the *Australian and New Zealand Atlas of Avoidable Mortality*, available from www.publichealth.gov.au.

Almost three quarters (72.0%) of all deaths in Brisbane South DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly below with the proportion for Brisbane (72.7%) (Table 8). However, the rate in the Division is notably lower than that in Brisbane, a differential of 0.89.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.9% of all deaths at ages 0 to 74 years in Brisbane South DGP, compared to 28.6% in Brisbane.

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

Mortality category	Brisbane South DGP		Brisb	Brisbane		sland	Austr	Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	
Avoidable	2,181	188.8	14,656	211.2	35,515	220.6	189,845	211.8	
% of total	72.0	••	72.7		72.8	••	71.5		
(Amenable)	(876)	(76.3)	(5,940)	(86.4)	(14,323)	(89.3)	(76,249)	(85.1)	
(% of total)	(28.9)	()	(29.5)	()	(29.3)	()	(28.7)	()	
Unavoidable	850	73.9	5,498	79.7	13,291	82.7	75,582	84.3	
% of total	28.1	••	27.3		27.2	••	28.5		
Total mortality	3,030	262.6	20,154	291.0	48,806	303.4	265,427	296.1	
%	100.0		100.0		100.0		100.0		

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

Rates of avoidable mortality were higher for males than for females in each of the comparator areas. Brisbane South DGP's rate of avoidable mortality for males was 238.5 deaths per 100,000 males, notably higher than the rate of 138.1 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 82.2, compared to 70.1 for females, a rate ratio of 1.17 (Figure 9, Table 9).

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

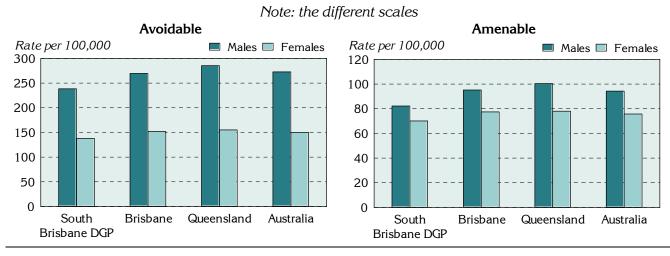


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Brisbane South DGP, Brisbane, Queensland and Australia, 1997 to 2001

Mortality category and sex	Brisbane South DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,361	238.5	9,362	269.5	23,316	285.3	123,026	272.6
Females	820	138.1	5,294	152.0	12,199	155.1	66,819	150.1
Total	2,181	188.8	14,656	211.2	35,515	220.6	189,845	211.8
Rate ratio-M:F ²		1.73**	••	1.77**		1.84**		1.82**
Amenable								
Males	462	82.2	3,249	95.2	8,181	100.4	42,568	94.3
Females	414	70.1	2,691	77.4	6,142	78.0	33,681	75.7
Total	876	76.3	5,940	86.4	14,323	89.3	76,249	85.1
Rate ratio-M:F ²		1.17*	••	1.23**		1.29**	••	1.25**

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

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 Brisbane South DGP, Brisbane, Queensland and Australia over the period of analysis are shown in Table 10 by mortality category. However, given the substantial variations 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 72.2% of total YLL (0 to 74 years) for Brisbane South DGP, marginally below the 72.8% for Brisbane. Similarly the proportion of YLL from amenable mortality of 28.3% for Brisbane South DGP was also below the 28.9% for Brisbane.

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

Mortality category	Brisbane South DGP		Brisb	Brisbane		Queensland		Australia	
	No.	% of	No.	% of	No.	% of	No.	% of	
		total		total		total		total	
Avoidable	38,653	72.2	260,170	72.8	629,779	72.9	3,327,375	71.9	
(Amenable)	(15, 134)	(28.3)	(103,340)	(28.9)	(247,893)	(28.7)	(1,298,430)	(28.0)	
Unavoidable	14,898	27.8	97,013	27.2	234,699	27.1	1,303,289	28.1	
Total	53,551	100.0	357,183	100.0	864,478	100.0	4,630,664	100.0	

-

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

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 1,254.2 deaths per 100,000 population in Brisbane South 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 260.4 in Brisbane South Division.

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

Mortality category and age (years)	Brisbane South DGP		Brisb	Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	
Avoidable									
0-14	82	32.1	500	30.1	1,208	32.2	5,669	28.8	
15-24	91	42.6	562	44.8	1,386	54.3	7,045	52.8	
25-44	279	72.0	1,916	77.8	4,527	84.9	24,356	83.9	
45-64	717	260.4	5,107	301.7	12,543	322.5	64,282	304.9	
65-74	1,012	1,254.2	6,571	1410.9	15,851	1404.6	88,493	1,358.1	
Total	2,181	188.8	14,656	211.2	35,515	220.6	189,845	211.8	
Amenable									
0-24	65	14.7	451	15.9	1,059	16.8	5,083	15.4	
25-44	77	20.3	491	20.1	1,165	21.8	5,946	20.5	
45-64	304	109.7	2,236	132.2	5,352	137.9	27,464	130.3	
65-74	430	530.1	2,762	591.5	6,748	599.1	37,756	579.4	
Total	876	76.3	5,940	86.4	14,323	89.3	76,249	85.1	

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

Table 12 shows the number and age-standardised death rate by selected major condition group and selected causes included in the avoidable mortality classification.

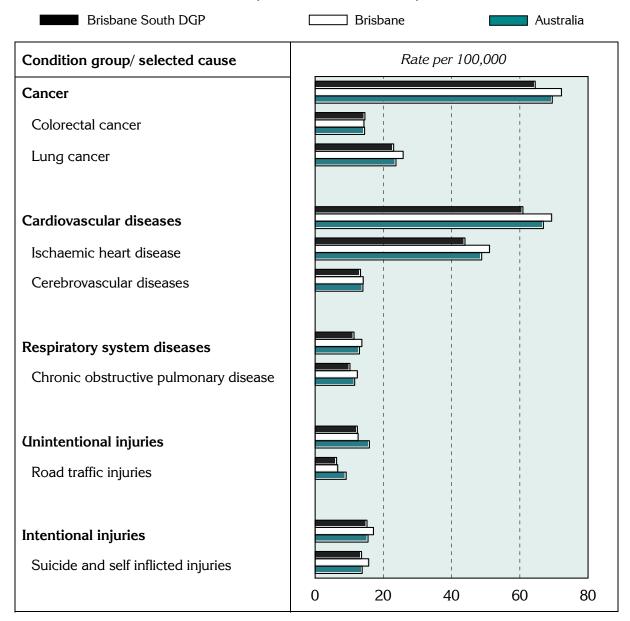
The highest rates of avoidable mortality for the selected major condition groups in the Brisbane South DGP were for cancer, with a rate of 64.5 deaths per 100,000 population, and cardiovascular diseases, 60.9 deaths per 100,000 population (Table 12, Figure 10). For the selected causes within the condition groups, the two major causes of avoidable mortality were ischaemic heart disease and lung cancer, with rates of 43.9 per 100,000 population and 23.0 per 100,000, respectively.

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

Condition group/ selected cause	Brisbane South DGP		Brish	Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	
Cancer	738	64.5	4,928	72.2	11,618	72.6	62,338	69.5	
Colorectal cancer	166	14.6	967	14.3	2,392	15.0	13,008	14.5	
Lung cancer	259	23.0	1,733	25.8	4,062	25.4	21,208	23.7	
Cardiovascular diseases	688	60.9	4,648	69.3	11,294	71.0	59,945	66.9	
Ischaemic heart disease	494	43.9	3,429	51.1	8,434	52.9	43,712	48.8	
Cerebrovascular diseases	151	13.3	947	14.1	2,210	14.0	12,558	14.0	
Respiratory system diseases	129	11.4	906	13.7	2,168	13.7	11,612	13.0	
Chronic obstructive pulmonary disease	114	10.2	811	12.4	1,970	12.5	10,395	11.6	
Unintentional injuries	154	12.4	968	12.6	2,630	15.8	14,224	15.9	
Road traffic injuries	80	6.3	511	6.6	1,565	9.4	8,138	9.1	
Intentional injuries	188	15.2	1,305	17.1	3,017	18.2	13,891	15.5	
Suicide and self inflicted injuries	167	13.6	1,198	15.7	2,719	16.4	12,393	13.8	

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

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



Notes on the data

Data sources and limitations

General

References to 'Brisbane' relate to the Brisbane Statistical Division.

Data sources

Table 13 details the data sources for the material presented in this profile.

Table 13: Data sources

Section	Source					
Population						
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown					
Figure 3	Estimated Resident Population, ABS, 30 June 2005; Population Projections, ABS, 30 June 2020 (unpublished) ¹					
Additional socio-demographic indicators						
Figure 4	ABS SEIFA package, Census 2001					
Table 2; Figure 5; Map 1	Jobless families, ABS, 2001 (unpublished)					
Table 2; Figure 5; Map 2	Private health insurance, from Hansard					
GP services – patient flow/ GP catchment						
Tables 3 and 4	Medicare Australia, 2003/04					
Additional prevalence estimates: chronic diseases and risk factors combined						
Figure 6; Table 5	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)					
Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions						
Tables 6 and 7; Figures 7 and 8	National Hospital Morbidity Database at Australian Institute of Health & Welfare, 2001/02; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)					
Avoidable mortality						
Tables 8, 9, 10, 11 and 12; Figures 9 and 10	ABS Deaths 1997-2001; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)					

¹ The projected population at June 2020 is based on the 2002 ERP. As such, it is somewhat dated, and does not take into account more recent demographic trends: it is however the only projection series available at the SLA level for the whole of Australia.

Methods

For background information on the additional prevalence estimates presented in this profile, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Please also refer to the November 2005 profile for information on the data converters.

Mapping

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population; or has a population of less than 100 or has less than 1% of the SLAs total population; or there were less than five cases (ie. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Brisbane South DGP

For information on the postcodes in the Division, please refer the Department of Health and Ageing website http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm; also included in table format in the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data. In Brisbane, SLAs are based on suburbs: as many of these have very small populations, they have in some cases been grouped to form areas of larger population: the groupings are those used in HealthWIZ. The individual suburbs and groups of suburbs that comprise the Division are listed in Table 14. The SLA group name does not in all cases include the names of all suburbs (SLAs) in the group: all relevant SLA codes are shown in the table.

Table 14: SLAs and population in Brisbane South DGP, 2005 on 2001 boundaries

SLA code ¹	SLA/ SLA group name	Per cent of SLA/ SLA group's population in the Division*	Estimate of the SLA/ SLA group's 2005 population in the Division
31023, 31154	Archerfield/Coopers Plains	100.0	4,683
31097, 31108,	Camp Hill/Carindale	50.0	19,703
31113, 31116			
31157	Coorparoo	50.0	7,163
31167, 31596	Darra-Sumner/Wacol	77.6	6,961
31162, 31241, 31451, 31522	Graceville/Oxley	100.0	20,406
31282, 31285, 31563	Holland Park/Tarragindi	100.0	22,548
31176, 31184, 31203, 31288, 31484	Inala/Richlands	100.0	43,735
31296, 31301, 31375, 31408, 31487, 31612	Jindalee/River Hills	100.0	24,273
31331	Kuraby	100.0	6,773
31001, 31356,	MacGregor/	100.0	43,414
31456, 31492, 31547, 31552, 31615	Pallara-Heathwood-Larapinta		
31372, 31402, 31405, 31495, 31588, 31626	Mt Gravatt/Rochedale	97.1	42,409
31416	Nathan	100.0	1,499
31498	Rocklea	100.0	1,453
31198, 31503	Runcorn/Eight Mile Plains	100.0	25,048
31511	Salisbury	100.0	5,398
31517	Seventeen Mile Rock	100.0	8,627

^{*} 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

For general comments, data issues or enquiries re information on the web site, please contact PHIDU:

Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au