Population health profile of the

Gold Coast

Division of General Practice: supplement

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PHIDU

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Interpretation of differences between data in this profile and similar data from other sources needs to be undertaken with care, as such differences may be due to the use of different methodology to produce the data.

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This publication, the maps and supporting data, together with other publications on population health, are available from the PHIDU website (<u>www.publichealth.gov.au</u>).

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Population health profile of the Gold Coast Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Gold Coast Division of General Practice*, dated November 2005, available from <u>www.publichealth.gov.au</u>. This supplement includes an update of the population of the Gold Coast 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 Gold Coast Division had an Estimated Resident Population of 439,982 at 30 June 2005.

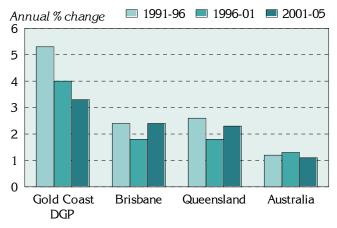


Figure 1: Annual population change, Gold Coast DGP, Brisbane, Queensland and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005

Over the five years from 1991 to 1996, the Division's population increased by 5.3% on average each year, over twice that in Brisbane (2.4%), Queensland (2.6%) and Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 4.0%, again much higher than in Brisbane and Queensland (both 1.8%) and Australia (1.3%). The growth rate of 3.3% per year from 2001 to 2005, although lower, was still above the annual increases for Brisbane (2.5%),Queensland (2.3%), and Australia (1.1%).

Table 1: Population by age,	, Gold Coast DGP and Australia, 2005
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Age group	Gold Coa	st DGP	Austral	ia	
(years)	No.	%	No.	%	
0-14	80,043	18.2	3,978,221	19.6]
15-24	59,368	13.5	2,819,834	13.9	i
25-44	126,898	28.8	5,878,107	28.9	(
45-64	111,669	25.4	4,984,446	24.5	
65-74	32,914	7.5	1,398,831	6.9	1
75-84	22,291	5.1	954,143	4.7	1
85+	6,799	1.5	315,027	1.5	
Total	439,982	100.0	20,328,609	100.0	_

As shown in the accompanying table and the age-sex pyramid below, Gold Coast DGP had relatively fewer children aged 0 to 14 (18.2%) and young people aged 15 to 24 years (13.5%) than Australia as a whole (19.6% and 13.9%) (Table 1). The proportions of the Division's population aged 45 to 84 years were slightly higher than those for Australia.

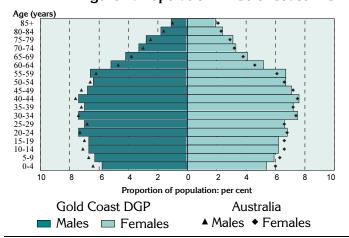
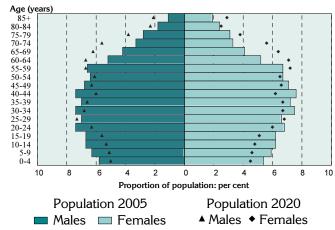


Figure 2: Population in Gold Coast DGP and Australia, by age and sex, 2005

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

- at younger ages relatively fewer children aged 0 to 14 years and young people aged 15 to 19 years;
- from 30 to 49 years lower proportions of males; and
- at older ages higher proportions of males 55 years and over, and females in 50 to 84 year age groups.

Figure 3: Population projections for Gold Coast 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 54 years (except for ages 25 to 29 years); and
- at older ages relatively more males and females from 55 years of age (most pronounced at ages 60 to 74 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Gold Coast Division of General Practice*, dated November 2005, available from <u>www.publichealth.gov.au</u>, for other socio-demographic indicators.

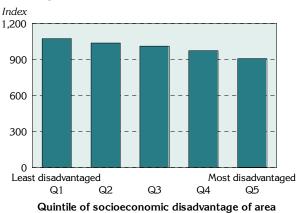


Figure 4: Index of Relative Socio-Economic Disadvantage, Gold Coast DGP, 2001

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

The Gold Coast DGP has an index score of 1000, the same as the score for Australia: this score varies across the Division, from a low of 907 in the most disadvantaged areas to 1073 in the least disadvantaged areas.

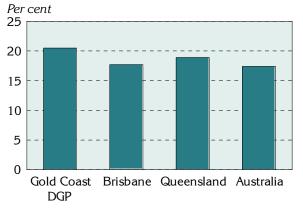
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 Gold Coast DGP (20.5%), than in 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 slightly lower proportion of the population with private health insurance (41.3%), compared to Brisbane (43.5%) (Figure 5, Table 2).

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

Jobless families with children under 15 years old



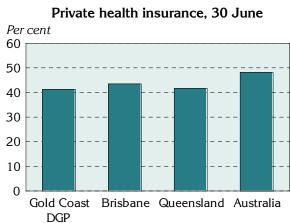
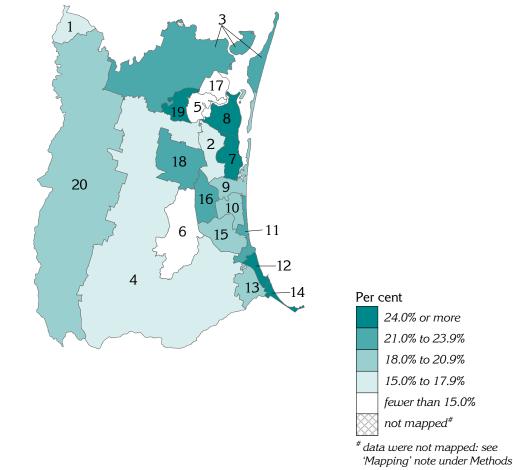


 Table 2: Socio-demographic indicators, Gold Coast DGP, Brisbane, Queensland and Australia, 2001

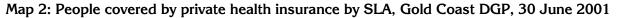
Indicator	icator Gold Coast DGP		Brisba	ne	Queens	land	Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	7,960	20.5	31,941	17.7	74,942	18.9	357,563	17.4
Private health insurance (30 June)	166,825	41.3	698,753	43.5	1,511,613	41.7	8,671,106	46.0

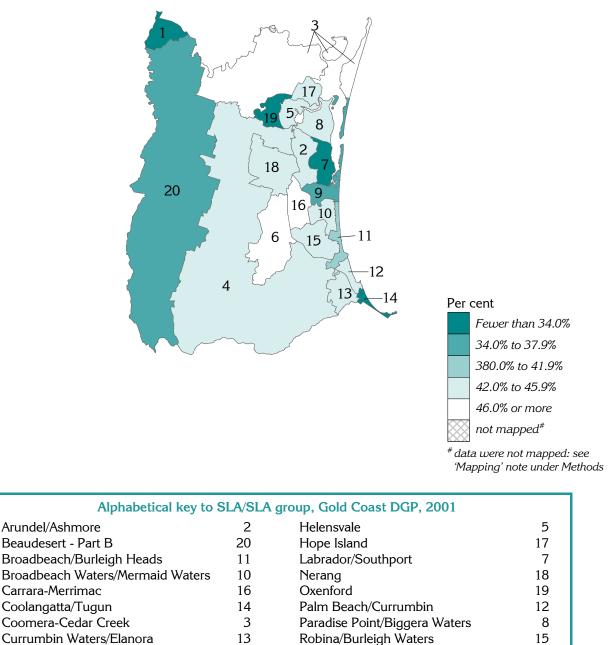
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



For map labels: see next page





Surfers Paradise/Benowa

Worongary-Tallai/Mudgeeraba

1

4

Greenbank/Beaudesert

Guanaba-Currumbin Valley

9

6

GP services to residents of the Gold Coast 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.

The majority (91.9%) of all unreferred attendances to residents of Gold Coast DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,886,283 GP unreferred attendances (Table 3). A further 1.5% of unreferred attendances to residents were provided by GPs with a provider number in Tweed Valley DGP, with 1.3% provided by GPs in Logan Area DGP.

Division		Unreferred a	ttendances
Number	Name	No.	% ³
406	Gold Coast DGP	1,886,283	91.9
226	Tweed Valley DGP	30,566	1.5
404	Logan Area DGP	27,339	1.3
405	GPpartners DGP	14,836	0.7
402	Brisbane South DGP	7,401	0.4
Other		86,883	4.2
Total		2,053,308	100.0

Table 3: Patient flow – People living ¹ in Gold Coast DGP by Division where
attendance occurred ² , $2003/04$

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 202 by Division in which attendance occurred

The majority (89.8%) of unreferred attendances provided by GPs with a provider number in Gold Coast DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 2.4% of unreferred attendances by GPs in the Division were to people living in Tweed Valley DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs ¹ in Gold Coast DGP
by Division of patient address ² , 2003/04

Division		Unreferred a	ttendances
Number	Name	No.	% ³
406	Gold Coast DGP	1,886,283	89.8
226	Tweed Valley DGP	50,424	2.4
404	Logan Area DGP	17,181	0.8
405	GPpartners DGP	10,237	0.5
225	Northern Rivers DGP	5,866	0.3
402	Brisbane South DGP	5,619	0.3
Other		124,103	5.9
Total		2,099,713	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 202 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Gold Coast Division of General Practice*, dated November 2005, available from <u>www.publichealth.gov.au</u>, 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 slightly more people in Gold Coast 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 higher. However, there were slightly fewer people in Gold Coast DGP who had type 2 diabetes and were overweight/ obese, compared to Brisbane and Australia.

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



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

Variable	Gold Coast DGP		Brisbane		Queensland		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	9,004	22.7	37,177	21.6	83,759	23.2	397,734	20.8
Had type 2 diabetes & were overweight/obese ⁴	6,564	14.7	23,133	15.7	52,952	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in Gold Coast 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 <u>www.publichealth.gov.au</u>.

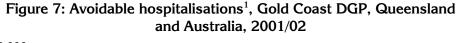
In 2001 to 2002, the 11,605 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.3% of all admissions in the Gold Coast DGP (Table 6, Figure 7), marginally below the levels in Queensland (8.5%) and Australia (8.7%).

Table 6: Avoidable ¹ and unavoidable hospitalisations, Gold Coast DGP,
Queensland, and Australia, 2001/02

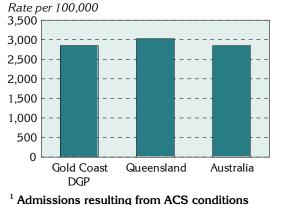
Category	Gold Coast DGP			Qı	ueensland		Australia			
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%	
Avoidable ¹	11,605	2,850.0	8.3	106,884	3,025.0	8.5	552,786	2,847.5	8.7	
Unavoidable	127,686	31,592.3	91.7	1,153,519	32,410.1	91.5	5,818,199	29,970.7	91.3	
Total	139,291	34,441.3	100.0	1,260,403	35,435.5	100.0	6,370,985	32,818.2	100.0	

¹ Admissions resulting from ACS conditions

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



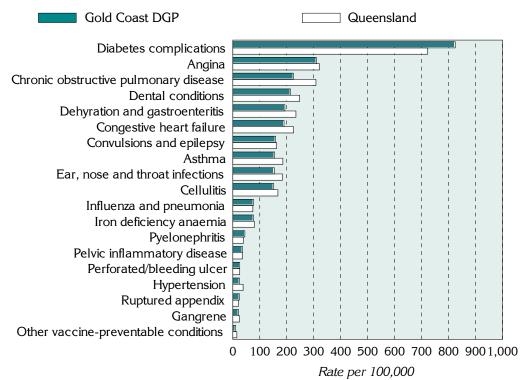
The rate of avoidable hospitalisations in Gold Coast DGP is lower, a rate of 2,850.0 admissions per 100,000 population, compared to Queensland (a rate of 3,025.0), and marginally higher than the rate for Australia (2,847.5).



Diabetes complications, angina, chronic obstructive pulmonary disease and dental conditions were the four conditions with the highest rates of avoidable hospitalisations in the Gold Coast 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. Dental conditions; and dehydration and gastroenteritis have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Gold Coast DGP and Queensland, 2001/02



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

Sub-category/ condition	Gold Co	ast DGP		ueensland	Austr	ralia
Sub-category/ condition	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	351	87.6	3,188	89.6	16,573	85.4
Influenza and pneumonia	310	77.0	2,646	74.6	13,021	67.1
Other vaccine preventable	41	10.6	542	15.0	3,552	18.3
Chronic ³	7,604	1,806.8	65,455	1,882.0	352,545	1,816
Diabetes complications	3,495	824.7	25,175	722.9	141,345	728.1
Iron deficiency anaemia	318	76.5	2,772	79.7	16,451	84.7
Hypertension	105	25.3	1,324	38.3	6,354	32.7
Congestive heart failure	810	190.0	7,617	225.5	42,447	218.6
Angina	1,317	310.2	11,134	321.5	49,963	257.4
Chronic obstructive pulmonary disease	975	224.5	10,619	308.5	54,853	282.6
Asthma	584	155.6	6,814	185.6	41,009	211.3
Acute	3,978	1,025.3	41,300	1,143.3	200,913	1,035
Dehydration and gastroenteritis	782	193.3	8,278	234.1	37,766	194.5
Convulsions and epilepsy	605	158.7	5,902	162.3	31,137	160.4
Ear, nose and throat infections	564	153.8	6,829	184.4	32,075	165.2
Dental conditions	806	214.0	9,101	247.8	43,667	224.9
Perforated/bleeding ulcer	109	25.8	892	25.8	5,795	29.9
Ruptured appendix	95	24.8	754	20.7	3,866	19.9
Pyelonephritis	176	44.8	1,437	39.8	7,386	38.0
Pelvic inflammatory disease	140	36.2	1,315	36.2	6,547	33.7
Cellulitis	609	151.9	5,930	167.4	28,204	145.3
Gangrene	92	22.0	862	24.8	4,470	23.0
Total avoidable hospitalisations ⁴	11,605	2,850.0	106,884	3,025.0	552,786	2,847.5

Table 7: Avoidable hospitalisations ¹ by condition, Gold Coast DGP,
Queensland and Australia, 2001/02

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.

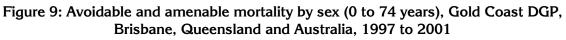
Almost three quarters (72.9%) of all deaths in Gold Coast DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, consistent with the proportion for Brisbane (72.7%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.6% of all deaths at ages 0 to 74 years in Gold Coast DGP, compared to 28.6% in Brisbane.

Mortality category	Gold Coast DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	3,655	197.1	14,656	211.2	35,515	220.6	189,845	211.8
% of total	72.9	••	72.7		72.8		71.5	
(Amenable)	(1,481)	(79.4)	(5,940)	(86.4)	(14,323)	(89.3)	(76,249)	(85.1)
(% of total)	(29.6)	()	(29.5)	()	(29.3)	()	(28.7)	()
Unavoidable	1,356	72.9	5,498	79.7	13,291	82.7	75,582	84.3
% of total	27.1	••	27.3		27.2		28.5	
Total mortality	5,011	270.0	20,154	291.0	48,806	303.4	265,427	296.1
%	100.0		100.0		100.0		100.0	

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

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. Gold Coast DGP's rate of avoidable mortality for males was 257.2 deaths per 100,000 males, notably higher than the rate of 136.2 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 91.6, compared to 67.1 for females, a rate ratio of 1.37 (Figure 9, Table 9).



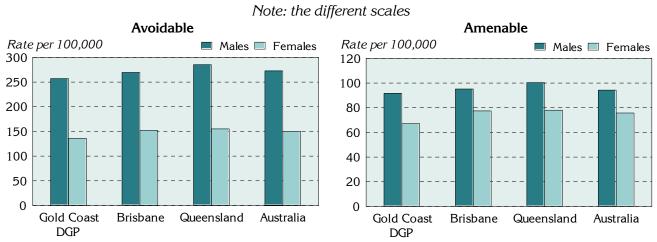


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Gold Coast DGP, Brisbane,
Queensland and Australia, 1997 to 2001

Mortality category	Gold Co	ast DGP	Brisb	ane	Queen	sland	Austr	alia
and sex	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	2,392	257.2	9,362	269.5	23,316	285.3	123,026	272.6
Females	1,263	136.2	5,294	152.0	12,199	155.1	66,819	150.1
Total	3,655	197.1	14,656	211.2	35,515	220.6	189,845	211.8
Rate ratio–M:F ²		1.89**	••	1.77**	••	1.84**		1.82**
Amenable								
Males	860	91.6	3,249	95.2	8,181	100.4	42,568	94.3
Females	621	67.1	2,691	77.4	6,142	78.0	33,681	75.7
Total	1,481	79.4	5,940	86.4	14,323	89.3	76,249	85.1
Rate ratio–M:F ²		1.37**	••	1.23**	••	1.29**	••	1.25**

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

² Rate ratio (M:F) is the ratio of male to female rates; rate ratios differing significantly from 1.0 are shown with

p <0.05; ^{**} p <0.01

Another way of measuring premature mortality is to calculate the number of years of life lost (YLL)¹, which takes into account the years a person could have expected to live at each age of death based on the average life expectancy at that age.

The numbers of YLL for Gold Coast DGP, Brisbane, Queensland and Australia over the period of analysis are shown in Table 10 by mortality category. However, given the substantial variation in the populations of these areas, a comparison of the proportion of YLL for each area is also shown.

YLL from avoidable mortality accounted for 73.4% of total YLL (0 to 74 years) for Gold Coast DGP, marginally above the 72.8% for Brisbane. The proportion of YLL from amenable mortality of 28.6% for Gold Coast DGP was consistent with the 28.9% for Brisbane.

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

Mortality category	Gold Coast DGP		Brisb	Brisbane		Queensland		Australia	
	No.	% of	No.	% of	No.	% of	No.	% of	
		total		total		total		total	
Avoidable	62,947	73.4	260,170	72.8	629,779	72.9	3,327,375	71.9	
(Amenable)	(24,548)	(28.6)	(103,340)	(28.9)	(247,893)	(28.7)	(1,298,430)	(28.0)	
Unavoidable	22,780	26.6	97,013	27.2	234,699	27.1	1,303,289	28.1	
Total	85,727	100.0	357,183	100.0	864,478	100.0	4,630,664	100.0	

¹ Years of life lost were calculated using the remaining life expectancy method (this provides an estimate of the average time a person would have lived had he or she not died prematurely). The reference life table was the Coale and Demeny Model Life Table West level 26 female (for both males and females), with the YLL discounted to net present value at a rate of 3 per cent per year.

In each of the areas in Table 11, the majority of avoidable mortality at ages 0 to 74 years occurred in the 65 to 74 year age group (Table 11), with 1,240.8 deaths per 100,000 population in Gold Coast 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 286.5 in Gold Coast Division.

Mortality category	Gold Co	Gold Coast DGP		ane	Queen	Queensland		Australia	
and age (years)	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	
Avoidable									
0-14	86	26.0	500	30.1	1,208	32.2	5,669	28.8	
15-24	126	50.7	562	44.8	1,386	54.3	7,045	52.8	
25-44	438	82.0	1,916	77.8	4,527	84.9	24,356	83.9	
45-64	1,230	286.5	5,107	301.7	12,543	322.5	64,282	304.9	
65-74	1,775	1,240.8	6,571	1410.9	15,851	1404.6	88,493	1,358.1	
Total	3,655	197.1	14,656	211.2	35,515	220.6	189,845	211.8	
Amenable									
0-24	79	14.1	451	15.9	1,059	16.8	5,083	15.4	
25-44	100	18.7	491	20.1	1,165	21.8	5,946	20.5	
45-64	528	122.5	2,236	132.2	5,352	137.9	27,464	130.3	
65-74	774	541.1	2,762	591.5	6,748	599.1	37,756	579.4	
Total	1.481	79.4	5,940	86.4	14,323	89.3	76,249	85.1	

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

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 Gold Coast DGP were for cancer, with a rate of 67.5 deaths per 100,000 population, and cardiovascular diseases, 64.5 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 48.6 per 100,000 population and 24.2 per 100,000, respectively.

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

Condition group/	Gold Coa	ast DGP	Brisb	ane	Queen	sland	Austr	alia
selected cause	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	1,273	67.5	4,928	72.2	11,618	72.6	62,338	69.5
Colorectal cancer	283	14.9	967	14.3	2,392	15.0	13,008	14.5
Lung cancer	462	24.2	1,733	25.8	4,062	25.4	21,208	23.7
Cardiovascular diseases	1,228	64.5	4,648	69.3	11,294	71.0	59,945	66.9
lschaemic heart disease	926	48.6	3,429	51.1	8,434	52.9	43,712	48.8
Cerebrovascular diseases	240	12.6	947	14.1	2,210	14.0	12,558	14.0
Respiratory system diseases	182	9.4	906	13.7	2,168	13.7	11,612	13.0
Chronic obstructive pulmonary disease	164	8.4	811	12.4	1,970	12.5	10,395	11.6
Unintentional injuries	240	14.1	968	12.6	2,630	15.8	14,224	15.9
Road traffic injuries	125	7.4	511	6.6	1,565	9.4	8,138	9.1
Intentional injuries	307	18.0	1,305	17.1	3,017	18.2	13,891	15.5
Suicide and self inflicted injuries	277	16.2	1,198	15.7	2,719	16.4	12,393	13.8

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

There is no consistent pattern in the rates in the Division for the condition groups and selected causes, when compared with those in with those in Australia and Brisbane, other than the lower rates for respiratory system diseases and higher rates for intentional injuries (Figure 10).

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

Gold Coast DGP		Brisbane		Au:	stralia
Condition group/ selected cause		Rat	te per 100,0	000	
Cancer		T T	1		
Colorectal cancer					
Lung cancer					
Cardiovascular diseases					
Ischaemic heart disease					
Cerebrovascular diseases					
Respiratory system diseases					
Chronic obstructive pulmonary disease					
Unintentional injuries					
Road traffic injuries]			
Intentional injuries					
Suicide and self inflicted injuries					
	0	20	40	60	80

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-demograpl	nic 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 estim	ates: 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)			

Table 13: Data sources

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 Gold Coast DGP

For information on the postcodes in the Division, please refer the Department of Health and Ageing website <u>http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm;</u> 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 Gold Coast, 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.

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
33497, 33501, 33541, 33577	Arundel/Ashmore	100.0	35,010
31187, 31631	Beaudesert - Part B	45.1	13,074
33515, 33562	Broadbeach Waters/Mermaid Waters	100.0	22,204
33513	Broadbeach/Burleigh Heads	100.0	25,199
33525	Carrara-Merrimac	100.0	16,473
33512, 33527, 33591	Coolangatta/Tugun	72.0	8,178
33532	Coomera-Cedar Creek	96.5	18,006
33535, 33537	Currumbin Waters/Elanora	100.0	22,497
34068,30552	Greenbank/Beaudesert	1.0	407
33542	Guanaba-Currumbin Valley	100.0	33,338
33543	Helensvale	100.0	14,191
33547	Hope Island	100.0	5,921
33553, 33585	Labrador/Southport	100.0	41,772
33567	Nerang	100.0	25,020
33571	Oxenford	100.0	10,515
33521, 33557, 33563	Palm Beach/Currumbin	100.0	16,563
33507, 33531,	Paradise Point/	100.0	31,561
33545, 33575, 33583	Biggera Waters		
33523, 33582, 33586	Robina/Burleigh Waters	100.0	45,418
33504, 33517, 33555, 33587	Surfers Paradise/Benowa	100.0	35,510
33565, 33593	Worongary-Tallai/Mudgeeraba	100.0	19,130

Table 14: SLAs and population in Gold Coast DGP, 2005 on 2001 boundaries

^{*} 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

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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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