

# Population health profile of the ACT

## Division of General Practice: supplement

Population Profile Series: No. 119a

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Australian Government

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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 ACT Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the ACT Division of General Practice*, dated November 2005, available from [www.publichealth.gov.au](http://www.publichealth.gov.au). This supplement includes an update of the population of the ACT 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:

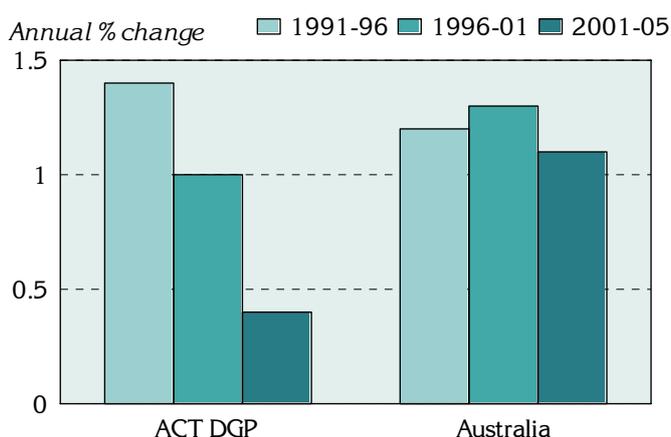
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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](http://www.publichealth.gov.au)).

## Population

The ACT Division had an Estimated Resident Population of 349,361 at 30 June 2005.

**Figure 1: Annual population change, ACT DGP and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005**



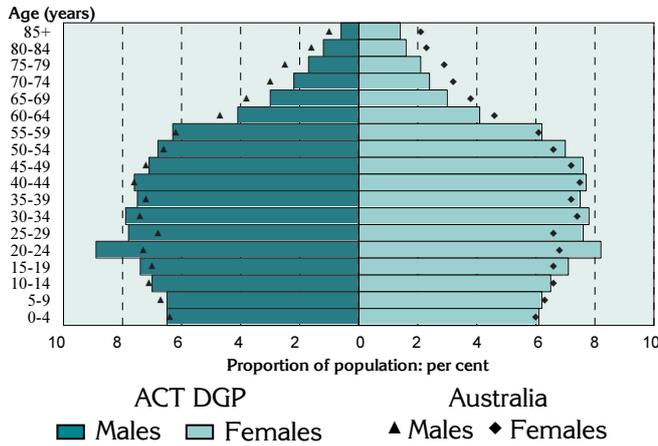
Over the five years from 1991 to 1996, the Division's population grew by 1.4% on average each year, above the increase of 1.2% for Australia as a whole. From 1996 to 2001, the annual percentage increase in the Division was 1.0%, just below that for Australia (1.3%). The growth rate decreased to 0.4% from 2001 to 2005, compared to an annual increase of 1.1% for Australia over the same period.

**Table 1: Population by age, ACT DGP and Australia, 2005**

Age group (years)	ACT DGP		Australia	
	No.	%	No.	%
0-14	67,679	19.4	3,978,221	19.6
15-24	55,066	15.8	2,819,834	13.9
25-44	107,089	30.7	5,878,107	28.9
45-64	86,017	24.6	4,984,446	24.5
65-74	18,502	5.3	1,398,831	6.9
75-84	11,513	3.3	954,143	4.7
85+	3,495	1.0	315,027	1.5
<b>Total</b>	<b>349,361</b>	<b>100.0</b>	<b>20,328,609</b>	<b>100.0</b>

As shown in the accompanying table and the age-sex pyramid below (Figure 2), ACT DGP had more young people aged 15 to 24 years (15.8%) and people aged 25 to 44 years (30.7%) than Australia as a whole (with 13.9% and 28.9%, respectively) (Table 1). The proportions of the Division's population aged 65 years and over were lower than those for Australia as a whole.

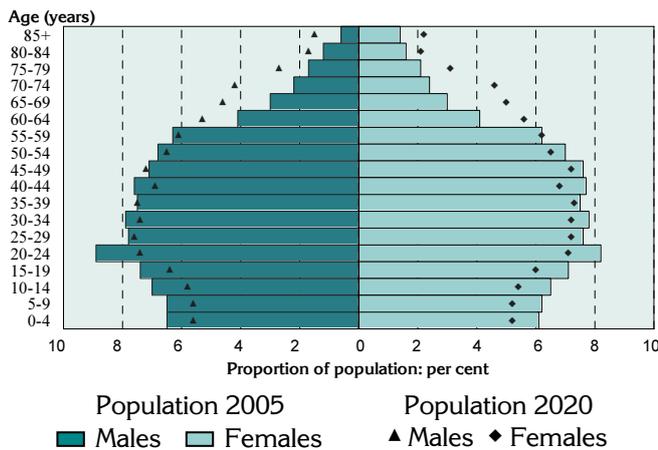
**Figure 2: Population in ACT DGP and Australia, by age and sex, 2005**



There are relatively few differences in the age distribution of the Division's population when compared to Australia overall. The most notable are:

- relatively more people at ages 25 to 39 years for males and 25 to 59 years for females; and
- at older ages – relatively fewer people aged 60 years and over.

**Figure 3: Population projections for ACT DGP, by age and sex, 2005 and 2020**



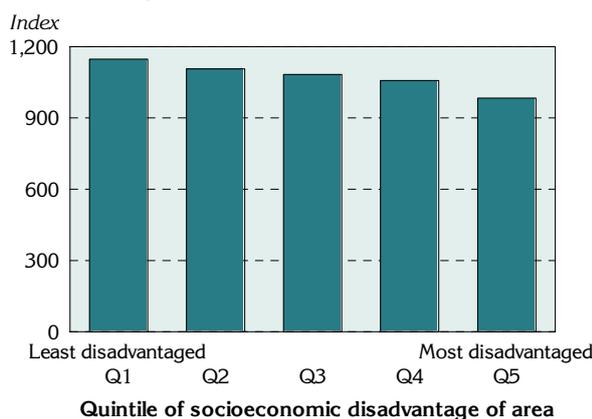
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – relatively fewer males and females aged 0 to 19 years;
- relatively more females aged 20 to 54 years, and males aged 20 to 34 years, 40 to 44 years and 50 to 59 years; and
- at older ages – relatively more people aged 60 years and over.

## Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the ACT Division of General Practice*, dated November 2005, available from [www.publichealth.gov.au](http://www.publichealth.gov.au), for other socio-demographic indicators.

**Figure 4: Index of Relative Socio-Economic Disadvantage, ACT DGP, 2001**



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

The ACT DGP has an index score of 1076, well above the score for Australia of 1000: this score varies across the Division, from 983 in the most disadvantaged areas to a high 1147 in the least disadvantaged areas.

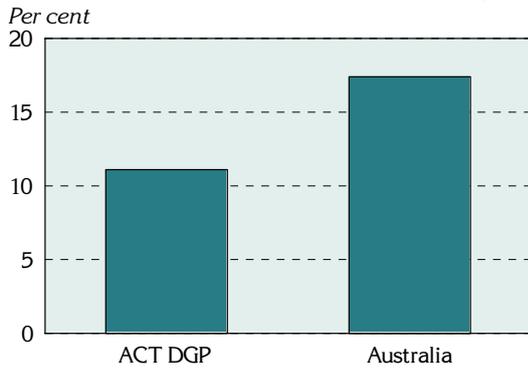
Note: each 'quintile' comprises approximately 20% of the population of the Division.

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. There were markedly fewer jobless families in the ACT DGP (11.1%), compared to Australia as a whole (17.4%) (Figure 5, Table 2).

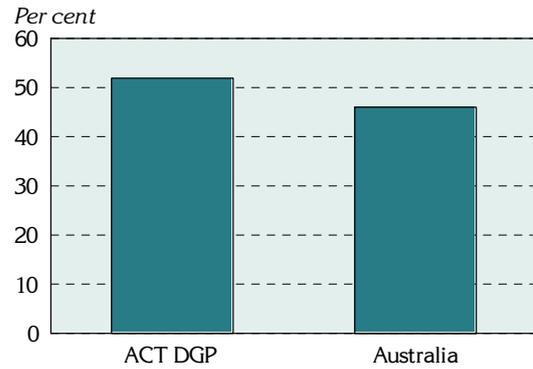
With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a notably higher proportion of people with private health insurance (51.9%), compared to Australia (46.0%) (Figure 5, Table 2).

**Figure 5: Socio-demographic indicators, ACT DGP and Australia, 2001**

**Jobless families with children under 15 years old**



**Private health insurance, 30 June**

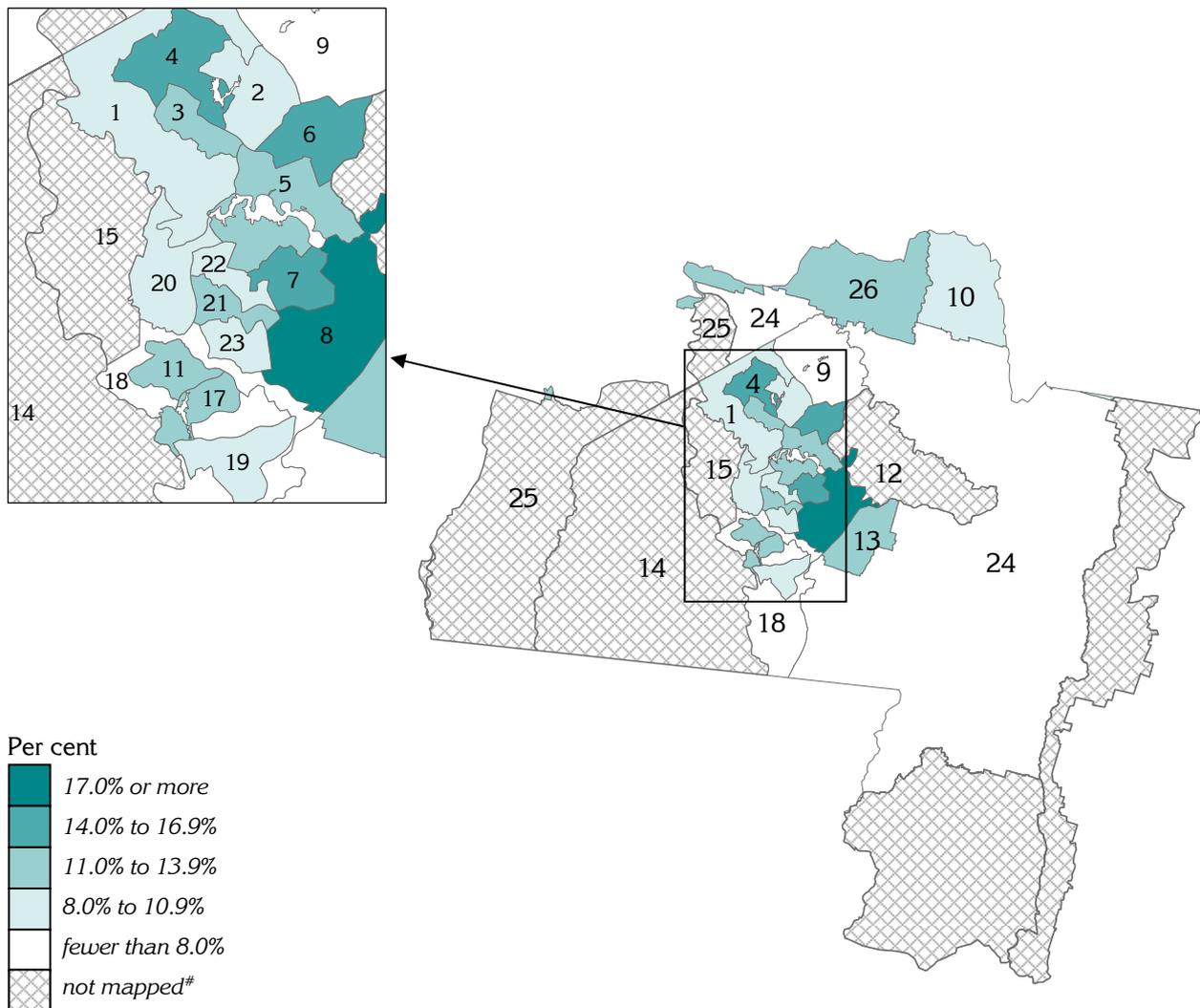


**Table 2: Socio-demographic indicators, ACT DGP and Australia, 2001**

Indicator	ACT DGP		Australia	
	No.	%	No.	%
Jobless families with children under 15 years old	4,153	11.1	357,563	17.4
Private health insurance (30 June)	173,323	51.9	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.

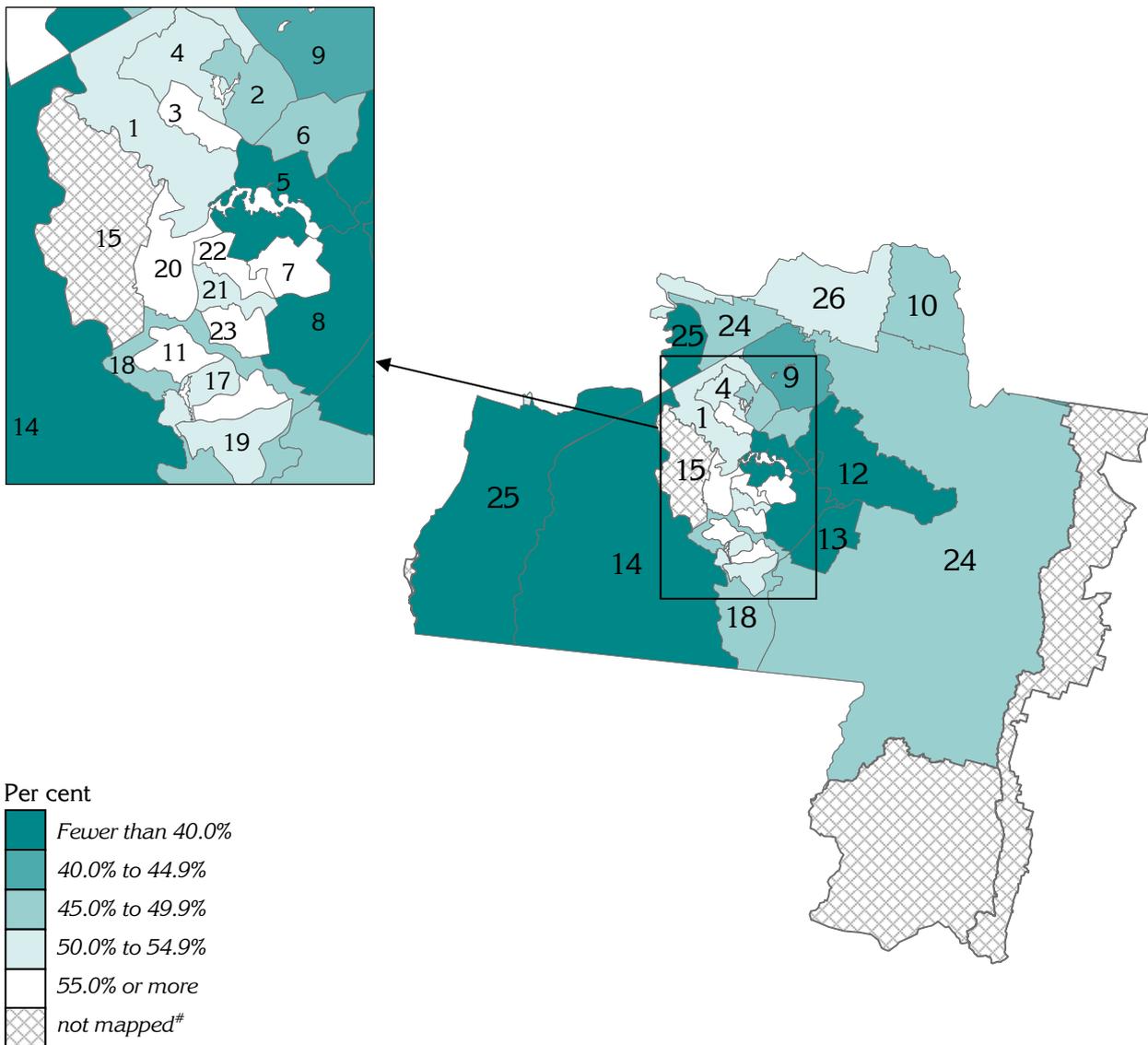
**Map 1: Jobless families with children under 15 years of age by SLA, ACT DGP, 2001**



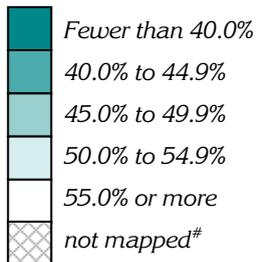
# data were not mapped: see 'Mapping' note under Methods

For map labels: see next page

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



Per cent



<sup>#</sup> data were not mapped: see 'Mapping' note under Methods

**Alphabetical key to SLAs/SLA groups, ACT DGP, 2001**

Belconnen North	2	Remainder of ACT	14
Belconnen South	3	Stromlo	15
Belconnen SSD Balance	1	Tuggeranong North East	16
Belconnen West	4	Tuggeranong North West	17
Canberra Central	5	Tuggeranong South	18
Canberra North	6	Tuggeranong South East	19
Canberra South	7	Weston Creek	20
Eastern Fringe	8	Woden Central	21
Gungahlin	9	Woden North	22
Gunning	10	Woden South	23
Kambah	11	Yarrowlumla - Part A	24
Kowen and Majura	12	Yarrowlumla - Part B	25
Queanbeyan	13	Yass	26

## GP services to residents of the ACT DGP

The following tables include information, purchased from Medicare Australia, of the movement of patients and GPs between Divisions. Note that the data only include unreferral attendances recorded under Medicare: unreferral attendances not included are those for which the cost is met by the Department of Veterans' Affairs or a compensation scheme; or are provided by salaried medical officers in hospitals, community health services or Aboriginal Medical Services, and which are not billed to Medicare. At any attendance, one or more services may have been provided.

The majority (93.6%) of all unreferral attendances to residents of ACT DGP were provided in the Division (i.e. by a GP with a provider number in the Division): this represented 1,185,448 GP unreferral attendances (Table 3). A further 0.8% of unreferral attendances to residents were provided by GPs with a provider number in South East NSW DGP, with 0.4% provided by GPs in Eastern Sydney DGP and Central Sydney DGP.

**Table 3: Patient flow – People living<sup>1</sup> in ACT DGP by Division where attendance occurred<sup>2</sup>, 2003/04**

Division		Unreferral attendances	
Number	Name	No.	% <sup>3</sup>
222	ACT DGP	1,185,448	93.6
221	South East NSW DGP	9,785	0.8
202	Eastern Sydney DGP	5,127	0.4
201	Central Sydney DGP	4,888	0.4
203	South Eastern Sydney DGP	3,315	0.3
Other	..	57,685	4.6
<b>Total</b>	<b>..</b>	<b>1,266,248</b>	<b>100.0</b>

<sup>1</sup> Based on address in Medicare records

<sup>2</sup> Division of GP based on provider number

<sup>3</sup> Proportion of all unreferral attendances of patients with an address in Division 222 by Division in which attendance occurred

The majority (93.7%) of unreferral attendances provided by GPs with a provider number in ACT DGP were also to people living in the Division (i.e. their Medicare address was in the Division) (Table 4). A further 3.3% of unreferral attendances by GPs in the Division were to residents of South East NSW DGP, with 0.2% each to residents of Riverina DGP.

**Table 4: GP catchment – Unreferral attendances provided by GPs<sup>1</sup> in ACT DGP by Division of patient address<sup>2</sup>, 2003/04**

Division		Unreferral attendances	
Number	Name	No.	% <sup>3</sup>
222	ACT DGP	1,185,448	93.7
221	South East NSW DGP	41,309	3.3
228	Riverina DGP	2,432	0.2
229	NSW Central West DGP	1,694	0.1
201	Central Sydney DGP	1,158	0.1
Other	..	32,669	2.6
<b>Total</b>	<b>..</b>	<b>1,264,710</b>	<b>100.0</b>

<sup>1</sup> Division of GP based on provider number

<sup>2</sup> Based on address in Medicare records

<sup>3</sup> Proportion of all unreferral attendances to GPs with a provider number in Division 222 by Division of patient address

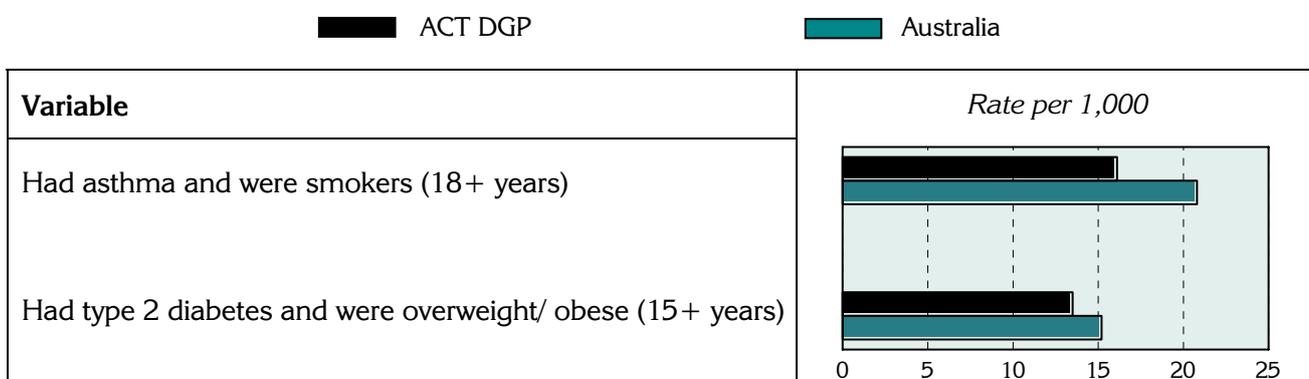
## Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the ACT Division of General Practice*, dated November 2005, available from [www.publichealth.gov.au](http://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 relatively fewer people in ACT DGP who had asthma and were smokers, compared to Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower. Similarly, there were fewer people in ACT DGP who had type 2 diabetes and were overweight/ obese, compared to Australia.

**Figure 6: Estimates of selected chronic diseases and risk factors, ACT DGP, and Australia, 2001**



**Table 5: Estimates of selected chronic diseases and risk factors, ACT DGP and Australia, 2001**

Variable	ACT DGP		Australia	
	No. <sup>1</sup>	Rate <sup>2</sup>	No. <sup>1</sup>	Rate <sup>1</sup>
Had asthma & smoked <sup>3</sup>	5,875	16.1	397,734	20.8
Had type 2 diabetes & were overweight/ obese <sup>4</sup>	3,692	13.5	283,176	15.2

<sup>1</sup> No. is a weighted estimate of the number of people in ACT DGP reporting these chronic conditions/ with these risk factors and is derived from synthetic predictions from the 2001 NHS

<sup>2</sup> Rate is the indirectly age-standardised rate per 1,000 population

<sup>3</sup> Population aged 18 years and over

<sup>4</sup> 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](http://www.publichealth.gov.au).

In 2001 to 2002, the 4,581 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.2% of all admissions in the ACT DGP (Table 6, Figure 7), slightly lower than the proportion for Australia (8.7%).

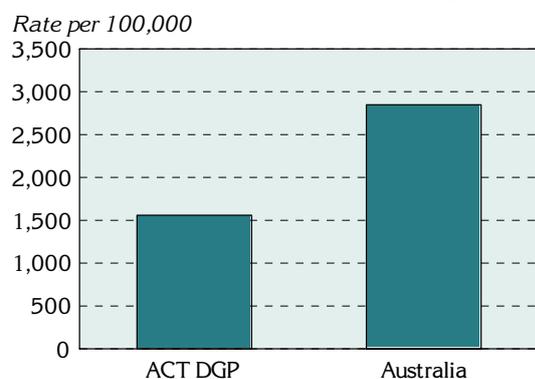
**Table 6: Avoidable<sup>1</sup> and unavoidable hospitalisations, ACT DGP and Australia, 2001/02**

Category	ACT DGP			Australia		
	No.	Rate <sup>2</sup>	%	No.	Rate <sup>2</sup>	%
Avoidable <sup>1</sup>	4,581	1,559.8	8.2	552,786	2,847.5	8.7
Unavoidable	51,020	16,264.2	91.8	5,818,199	29,970.7	91.3
<b>Total</b>	<b>55,601</b>	<b>17,823.2</b>	<b>100.0</b>	<b>6,370,985</b>	<b>32,818.2</b>	<b>100.0</b>

<sup>1</sup> Admissions resulting from ACS conditions

<sup>2</sup> Rate is the indirectly age-standardised rate per 100,000 population

**Figure 7: Avoidable hospitalisations<sup>1</sup>, ACT DGP and Australia, 2001/02**



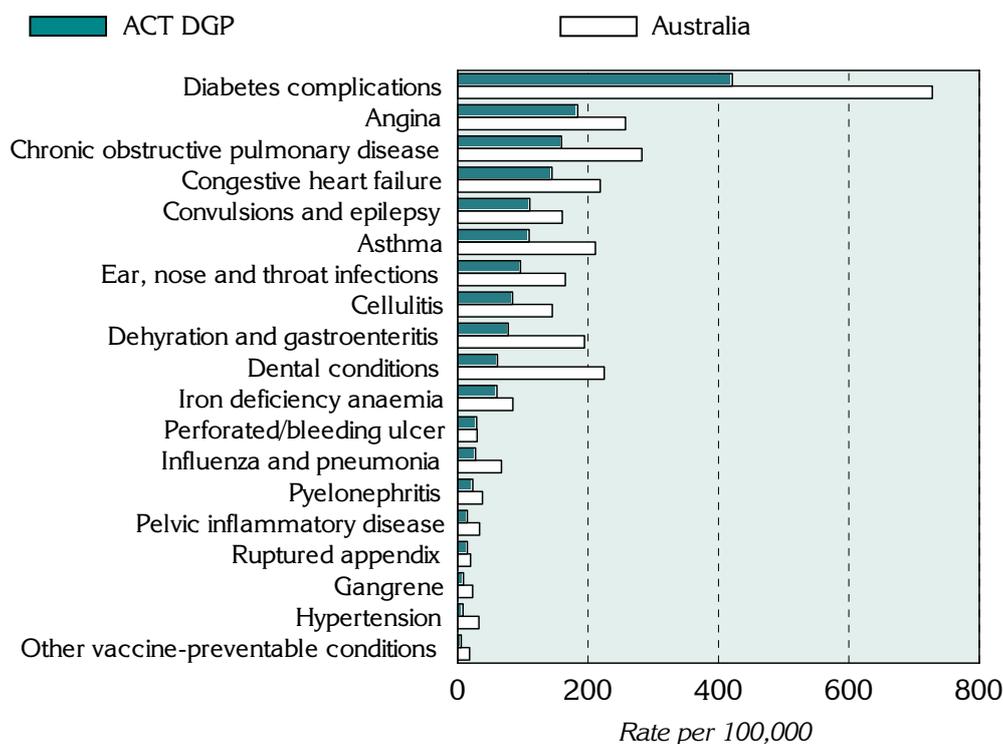
The rate of avoidable hospitalisations in ACT DGP, 1,559.8 admissions per 100,000 population, is markedly lower than the rate for Australia (2,847.5).

<sup>1</sup> Admissions resulting from ACS conditions

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

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

**Figure 8: Avoidable hospitalisations<sup>1</sup> by condition, ACT DGP and Australia, 2001/02**



<sup>1</sup> Admissions resulting from ACS conditions: excludes nutritional deficiencies as less than ten admissions

**Table 7: Avoidable hospitalisations<sup>1</sup> by condition, ACT DGP and Australia, 2001/02**

Sub-category/ condition	ACT DGP		Australia	
	No.	Rate <sup>2</sup>	No.	Rate <sup>2</sup>
<b>Vaccine-preventable</b>	<b>101</b>	<b>32.9</b>	<b>16,573</b>	<b>85.4</b>
Influenza and pneumonia	82	27.4	13,021	67.1
Other vaccine preventable	19	5.5	3,552	18.3
<b>Chronic<sup>3</sup></b>	<b>2,941</b>	<b>1,087.5</b>	<b>352,545</b>	<b>1,816</b>
Diabetes complications	1,151	421.4	141,345	728.1
Iron deficiency anaemia	171	60.2	16,451	84.7
Hypertension	23	8.2	6,354	32.7
Congestive heart failure	337	144.6	42,447	218.6
Angina	487	184.1	49,963	257.4
Chronic obstructive pulmonary disease	401	159.3	54,853	282.6
Asthma	371	109.7	41,009	211.3
<b>Acute</b>	<b>1,700</b>	<b>521.5</b>	<b>200,913</b>	<b>1,035</b>
Dehydration and gastroenteritis	242	77.5	37,766	194.5
Convulsions and epilepsy	372	110.7	31,137	160.4
Ear, nose and throat infections	330	96.3	32,075	165.2
Dental conditions	209	61.1	43,667	224.9
Perforated/bleeding ulcer	77	29.3	5,795	29.9
Ruptured appendix	52	14.9	3,866	19.9
Pyelonephritis	80	23.3	7,386	38.0
Pelvic inflammatory disease	55	15.0	6,547	33.7
Cellulitis	258	84.3	28,204	145.3
Gangrene	25	9.1	4,470	23.0
<b>Total avoidable hospitalisations<sup>4</sup></b>	<b>4,581</b>	<b>1,559.8</b>	<b>552,786</b>	<b>2,847.5</b>

<sup>1</sup> Admissions resulting from ACS conditions

<sup>2</sup> Rate is the indirectly age-standardised rate per 100,000 population

<sup>3</sup> Excludes nutritional deficiencies as less than ten admissions

<sup>4</sup> 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](http://www.publichealth.gov.au).

Over two thirds (70.8%) of all deaths in ACT DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, below the proportion for Australia (71.5%) (Table 8). However, the rate in the Division is notably lower than that in Australia, a differential of 0.87.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.4% of all deaths at ages 0 to 74 years in ACT DGP, compared to 28.7% in Australia.

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

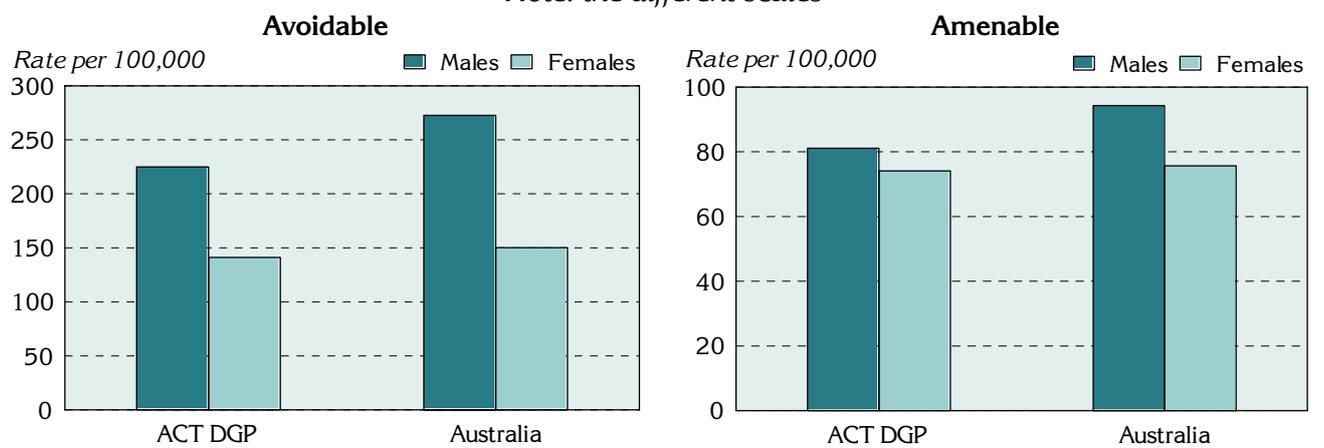
Mortality category	ACT DGP		Australia	
	No.	Rate <sup>1</sup>	No.	Rate <sup>1</sup>
Avoidable	2,431	183.3	189,845	211.8
<b>% of total</b>	<b>70.8</b>	<b>..</b>	<b>71.5</b>	<b>..</b>
(Amenable)	(1,010)	(77.7)	(76,249)	(85.1)
<b>(% of total)</b>	<b>(29.4)</b>	<b>(..)</b>	<b>(28.7)</b>	<b>(..)</b>
Unavoidable	1,003	76.8	75,582	84.3
<b>% of total</b>	<b>29.2</b>	<b>..</b>	<b>28.5</b>	<b>..</b>
<b>Total mortality</b>	<b>3,434</b>	<b>260.1</b>	<b>265,427</b>	<b>296.1</b>
<b>%</b>	<b>100.0</b>	<b>..</b>	<b>100.0</b>	<b>..</b>

<sup>1</sup> 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. ACT DGP's rate of avoidable mortality for males was 224.9 deaths per 100,000 males, higher than the rate of 141.2 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 81.1, compared to 74.1 for females, a rate ratio of 1.09 (Figure 9, Table 9).

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

*Note: the different scales*



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

Mortality category and sex	ACT DGP		Australia	
	No.	Rate <sup>1</sup>	No.	Rate <sup>1</sup>
<b>Avoidable</b>				
Males	1,502	224.9	123,026	272.6
Females	929	141.2	66,819	150.1
<b>Total</b>	<b>2,431</b>	<b>183.3</b>	<b>189,845</b>	<b>211.8</b>
<b>Rate ratio–M:F<sup>2</sup></b>	<b>..</b>	<b>1.59**</b>	<b>..</b>	<b>1.82**</b>
<b>Amenable</b>				
Males	522	81.1	42,568	94.3
Females	488	74.1	33,681	75.7
<b>Total</b>	<b>1,010</b>	<b>77.7</b>	<b>76,249</b>	<b>85.1</b>
<b>Rate ratio–M:F<sup>2</sup></b>	<b>..</b>	<b>1.09</b>	<b>..</b>	<b>1.25**</b>

<sup>1</sup> Rate is the indirectly age-standardised rate per 100,000 population

<sup>2</sup> 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)<sup>1</sup>, 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 ACT DGP 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 71.4% of total YLL (0 to 74 years) for ACT DGP, consistent with the proportion for Australia. The proportion of YLL from amenable mortality of 28.8% for ACT DGP was marginally higher than the 28.0% for Australia.

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

Mortality category	ACT DGP		Australia	
	No.	% of total	No.	% of total
Avoidable	44,860	71.4	3,327,375	71.9
(Amenable)	(18,112)	(28.8)	(1,298,430)	(28.0)
Unavoidable	17,955	28.6	1,303,289	28.1
<b>Total</b>	<b>62,815</b>	<b>100.0</b>	<b>4,630,664</b>	<b>100.0</b>

<sup>1</sup> 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 1,222.1 deaths per 100,000 population in the ACT 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 261.4 in the ACT Division.

**Table 11: Avoidable and amenable mortality by age, ACT DGP and Australia, 1997 to 2001**

Mortality category and age (years)	ACT DGP		Australia	
	No.	Rate <sup>1</sup>	No.	Rate <sup>1</sup>
<b>Avoidable</b>				
0-14	85	24.2	5,669	28.8
15-24	116	42.1	7,045	52.8
25-44	371	69.9	24,356	83.9
45-64	908	261.4	64,282	304.9
65-74	951	1,222.1	88,493	1,358.1
<b>Total</b>	<b>2,431</b>	<b>183.3</b>	<b>189,845</b>	<b>211.8</b>
<b>Amenable</b>				
0-24	88	14.6	5,083	15.4
25-44	95	17.8	5,946	20.5
45-64	402	115.8	27,464	130.3
65-74	425	546.2	37,756	579.4
<b>Total</b>	<b>1,010</b>	<b>77.7</b>	<b>76,249</b>	<b>85.1</b>

<sup>1</sup> 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 ACT DGP were for cancer, with a rate of 63.1 deaths per 100,000 population, and cardiovascular diseases, 55.8 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 39.5 per 100,000 population and 19.3 per 100,000, respectively.

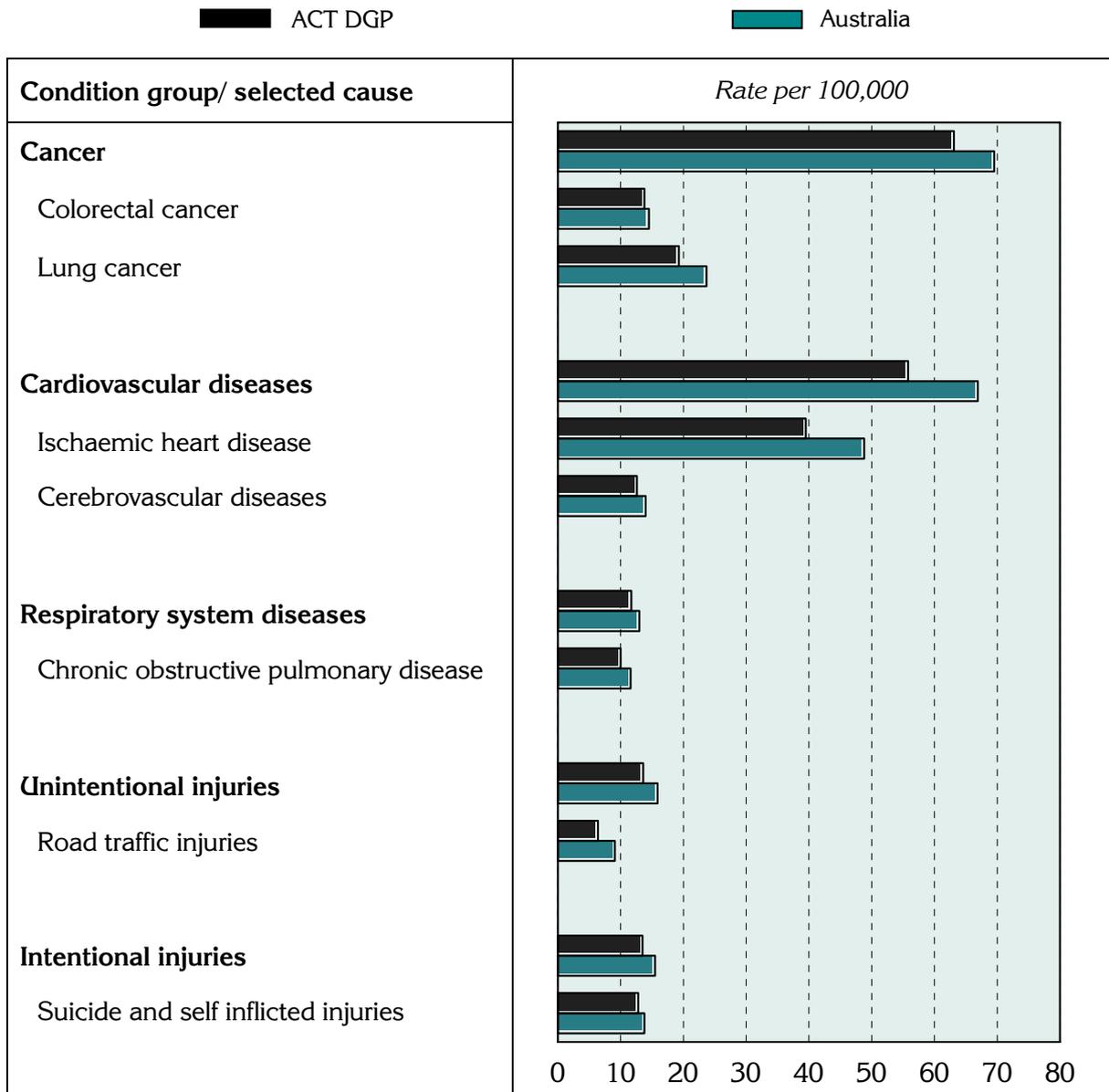
**Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, ACT DGP and Australia, 1997 to 2001**

Condition group/ selected cause	ACT DGP		Australia	
	No.	Rate <sup>1</sup>	No.	Rate <sup>1</sup>
<b>Cancer</b>	<b>810</b>	<b>63.1</b>	<b>62,338</b>	<b>69.5</b>
Colorectal cancer	174	13.8	13,008	14.5
Lung cancer	238	19.3	21,208	23.7
<b>Cardiovascular diseases</b>	<b>683</b>	<b>55.8</b>	<b>59,945</b>	<b>66.9</b>
Ischaemic heart disease	485	39.5	43,712	48.8
Cerebrovascular diseases	153	12.6	12,558	14.0
<b>Respiratory system diseases</b>	<b>138</b>	<b>11.7</b>	<b>11,612</b>	<b>13.0</b>
Chronic obstructive pulmonary disease	115	10.0	10,395	11.6
<b>Unintentional injuries</b>	<b>220</b>	<b>13.6</b>	<b>14,224</b>	<b>15.9</b>
Road traffic injuries	104	6.4	8,138	9.1
<b>Intentional injuries</b>	<b>219</b>	<b>13.5</b>	<b>13,891</b>	<b>15.5</b>
Suicide and self inflicted injuries	208	12.8	12,393	13.8

<sup>1</sup> Rate is the indirectly age-standardised rate per 100,000 population

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

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



# Notes on the data

## Data sources and limitations

### Data sources

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

**Table 13: Data sources**

Section	Source
<b>Population</b>	
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) <sup>1</sup>
<b>Additional socio-demographic indicators</b>	
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
<b>GP services – patient flow/ GP catchment</b>	
Tables 3 and 4	Medicare Australia, 2003/04
<b>Additional prevalence estimates: chronic diseases and risk factors combined</b>	
Figure 6; Table 5	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)
<b>Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions</b>	
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)
<b>Avoidable mortality</b>	
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)

<sup>1</sup> 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](http://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 ACT 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](http://www.publichealth.gov.au)).

In the ACT Division, Statistical Local Areas (SLAs) are a mix of local government areas (LGAs) and SLAs. The SLAs of Gunning, Queanbeyan and Yarrowlumla are based on LGAs: Yarrowlumla has been split into two SLAs, Part A and Part B. The other SLAs - those in the ACT - are based on suburbs. As many suburbs have very small populations, they have 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 ACT DGP, 2005 on 2001 boundaries**

SLA code <sup>1</sup>	SLA/SLA group name	Per cent of SLA/ SLA group's population in the Division*	Estimate of the SLA's 2005 population in the Division
13600	Gunning	5.6	132
16450	Queanbeyan	52.4	18,709
18651	Yarrowlumla - Part A	49.0	5,377
18652	Yarrowlumla - Part B	50.0	146
18700	Yass	2.8	311
80089, 80369, 80639, 80909, 81449, 81809, 82169, 86759, 87209, 87479, 88289, 88919	Canberra Central	100.0	22,006
80189, 81889, 81989, 83609, 85229, 86389, 88559	Canberra North	100.0	26,077
80239, 83529, 83689, 86039, 86249, 86279, 86719	Gungahlin	100.0	30,379
80279, 81629, 83879, 85679, 86669, 87569, 88649	Belconnen South	100.0	18,687
80339, 81549, 83289, 88189 80459, 81179, 82619, 82709, 82889, 83969, 84149, 85139, 85589, 85949, 87659	Tuggeranong South Belconnen West	99.9	17,469
80549, 82139	Belconnen-SSD Balance	100.0	38,461
80609, 80819, 81359, 83159, 84509, 87289, 88019	Tuggeranong South East	100.0	5,207
80729, 82259, 83249, 84779, 85409	Belconnen North	100.0	30,423
81089, 82079, 82529, 84059, 87389, 87749, 88469, 88739, 88829	Weston Creek	100.0	23,033
81269, 85319, 86489, 86939	Woden Central	100.0	22,482
81719, 83069, 84239	Woden North	100.0	7,241
82349, 83339, 85489, 86129	Tuggeranong North East	100.0	11,145
82439, 84419, 85859, 86849, 88109	Woden South	100.0	14,106
82789, 83429, 84959, 86219, 87119	Canberra South	100.0	13,261
82979, 83789, 84329, 84589, 86309, 87029, 87929	Eastern Fringe	85.0	16,202
83379, 86579, 88379	Tuggeranong North West	100.0	1,046
84869	Kambah	100.0	10,961
85049, 85769	Kowen and Majura	100.0	16,076
87839	Stromlo	50.0	123
89009	Remainder of ACT	100.0	#
		58.7	220

\* 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

<sup>1</sup> For further details refer to Australian Standard Geographical Classification, 2001, ABS Cat No. 1216.0, 2001

# Not shown as the total population is less than 100

## Acknowledgements

Funding for these profiles was provided by the Population Health Division of the Department of Health and Ageing (DoHA).

## 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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