

Population health profile of the Dandenong District

Division of General Practice: supplement

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

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Population health profile

of the Dandenong District Division of General Practice: supplement

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

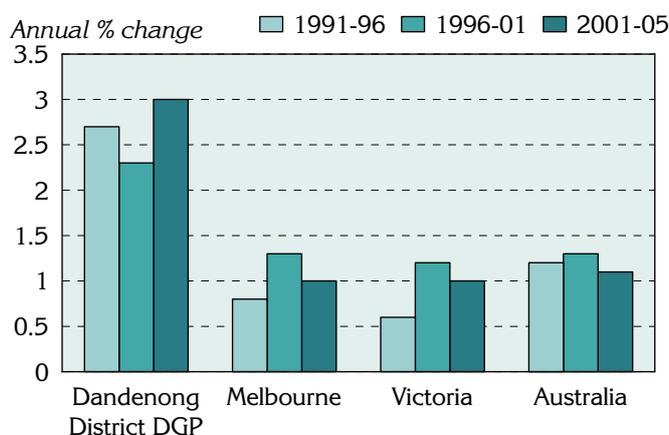
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Dandenong District Division had an Estimated Resident Population of 309,183 at 30 June 2005.

Figure 1: Annual population change, Dandenong District DGP, Melbourne, Victoria and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



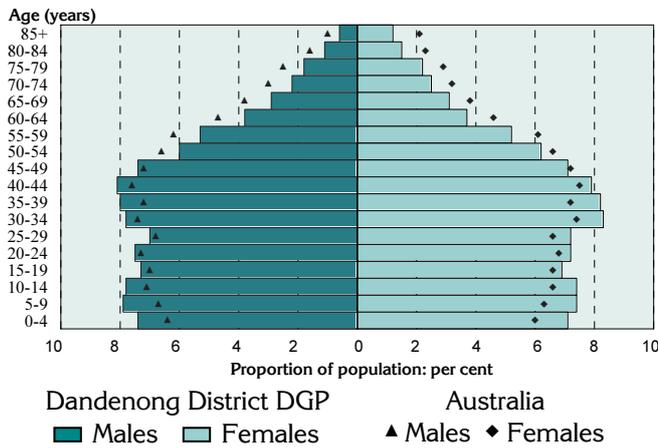
Over the five years from 1991 to 1996, the Division's population increased by 2.7% on average each year, substantially higher than in Melbourne (0.8%), Victoria (0.6%) and Australia as a whole (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 2.3%, again higher than for the other areas (1.3%, 1.2%, and 1.3%, respectively). The growth rate from 2001 to 2005 increased to 3.0%, around three times the annual increases of 1.0% for Melbourne and Victoria, and 1.1% for Australia.

Table 1: Population by age, Dandenong District DGP and Australia, 2005

Age group (years)	Dandenong District DGP		Australia	
	No.	%	No.	%
0-14	69,552	22.5	3,978,221	19.6
15-24	44,760	14.5	2,819,834	13.9
25-44	96,376	31.2	5,878,107	28.9
45-64	69,108	22.4	4,984,446	24.5
65-74	16,585	5.4	1,398,831	6.9
75-84	10,008	3.2	954,143	4.7
85+	2,794	0.9	315,027	1.5
Total	309,183	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below (Figure 2), the Dandenong District DGP had relatively more children and young people than Australia as a whole, with 22.5% at ages 0 to 14 years, and 14.5% aged 15 to 24 years (compared to 19.6% and 13.9% for Australia). The Division also had a larger proportion in the 25 to 44 year age group. Conversely, the 45 year and over age groups all had lower proportions compared to Australia.

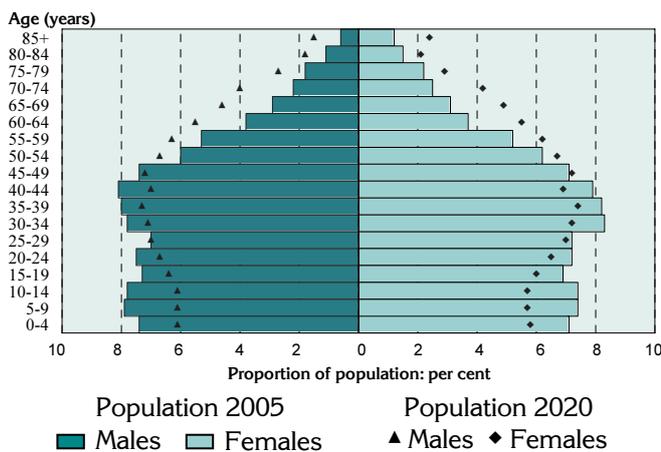
Figure 2: Population in Dandenong District DGP and Australia, by age and sex, 2005



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

- at younger ages – higher proportions of children aged 0 to 14 years and young people 15 to 24 years;
- from 25 to 44 years – higher proportions of both males and females; and
- at older ages – lower proportions of both males and females aged 50 years and over.

Figure 3: Population projections for Dandenong District DGP, by age and sex, 2005 and 2020



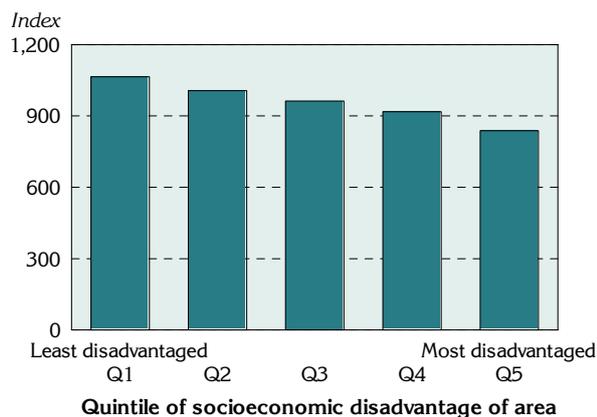
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of children, teenagers and young adults;
- from 30 to 49 years – lower proportions of both males and females (30 to 44 years); and
- from 50 years onwards – higher proportions of both males and females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Dandenong District 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, Dandenong District DGP, 2001



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

The Dandenong District DGP has an index score of 958, below the score for Australia of 1000: this score varies across the Division in a step-wise fashion, from a low of 837 in the most disadvantaged areas to 1064 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 notably more jobless families in the Dandenong District DGP (17.3%), compared to Melbourne as a whole (14.7%) (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

markedly lower proportion of people with private health insurance (36.9%), compared to Melbourne (49.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Dandenong District DGP, Melbourne, Victoria and Australia, 2001

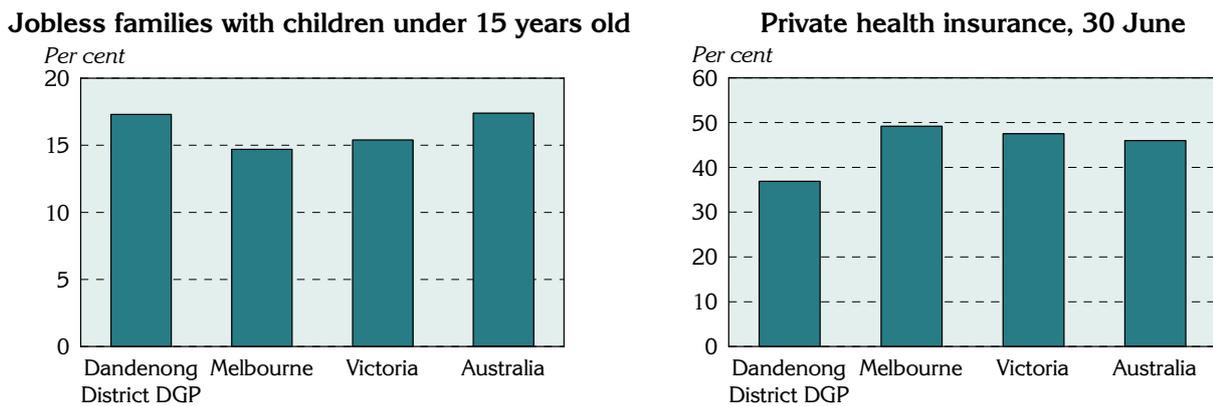
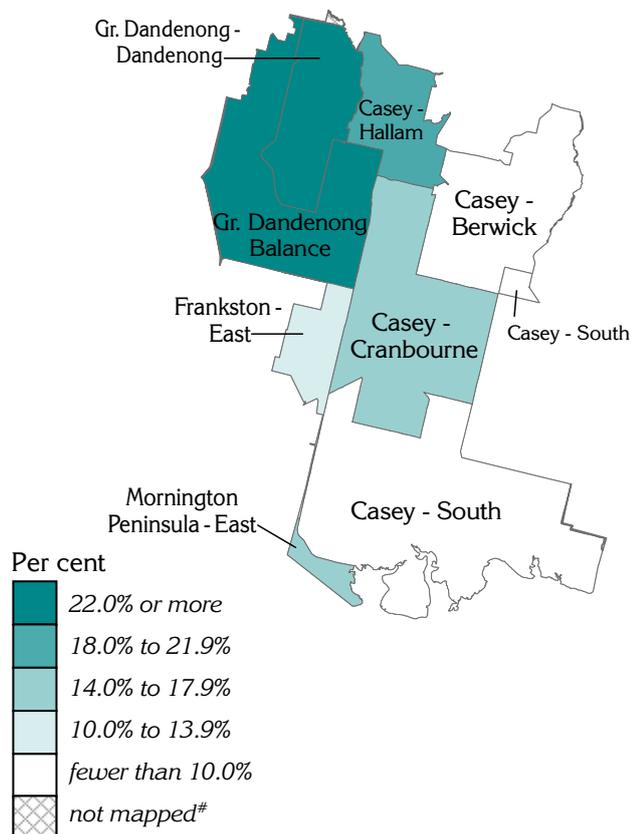


Table 2: Socio-demographic indicators, Dandenong District DGP, Melbourne, Victoria and Australia, 2001

Indicator	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	5,907	17.3	52,418	14.7	77,142	15.4	357,563	17.4
Private health insurance (30 June)	98,838	36.9	1,653,598	49.2	2,196,890	47.5	8,671,106	46.0

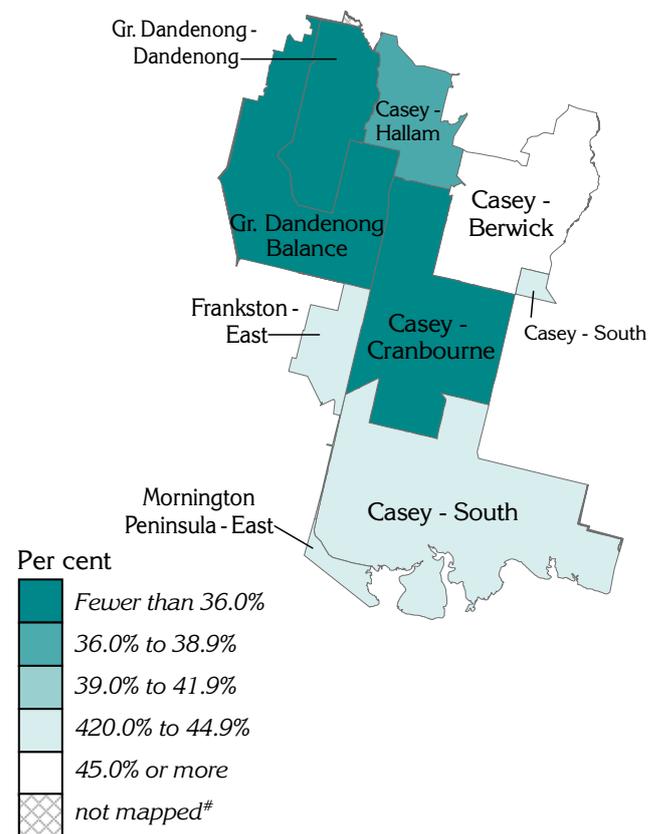
Details of the distribution of jobless families and of the population covered by private health insurance are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



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

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



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

GP services to residents of the Dandenong District 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.

Three quarters (75.0%) of all unreferred attendances to residents of Dandenong District DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,239,660 GP unreferred attendances (Table 3). A further 7.8% of unreferred attendances to residents were provided by GPs with a provider number in Monash DGP, with 4.5% by GPs with a provider number in Greater South Eastern DGP.

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

Division		Unreferred attendances	
Number	Name	No.	% ³
315	Dandenong District DGP	1,239,660	75.0
312	Monash DGP	128,267	7.8
311	Greater South Eastern DGP	73,764	4.5
316	Mornington Peninsula DGP	50,142	3.0
313	Central Bayside DGP	30,654	1.9
320	Eastern Ranges DGP	25,591	1.5
314	Knox DGP	20,996	1.3
304	Southcity DGP	17,205	1.0
301	Melbourne DGP	16,637	1.0
310	Whitehorse DGP	10,838	0.7
Other	..	39,013	2.4
Total	..	1,652,767	100.0

¹ Based on address in Medicare records

² Division of GP based on provider number

³ Proportion of all unreferred attendances of patients with an address in Division 315 by Division in which attendance occurred

More than three quarters (79.8%) of unreferred attendances provided by GPs with a provider number in Dandenong District DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 5.2% of unreferred attendances provided by GPs in the Division were to residents of Eastern Ranges DGP, with 3.4% to people living in Mornington Peninsula DGP.

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

Division		Unreferred attendances	
Number	Name	No.	% ³
315	Dandenong District DGP	1,239,660	79.8
320	Eastern Ranges DGP	80,898	5.2
316	Mornington Peninsula DGP	52,976	3.4
311	Greater South Eastern DGP	41,763	2.7
313	Central Bayside DGP	29,618	1.9
314	Knox DGP	29,090	1.9
312	Monash DGP	23,384	1.5
322	South Gippsland DGP	11,087	0.7
Other	..	45,549	3.0
Total	..	1,554,025	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 315 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Dandenong District 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 relatively more people in Dandenong District DGP who had asthma and were smokers, compared to Melbourne as a whole (Figure 6, Table 5): however the rate is consistent with that for Australia. Similarly, there were more people in Dandenong District DGP who had type 2 diabetes and were overweight/ obese, compared to Melbourne or Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Dandenong District DGP, Melbourne and Australia, 2001



Table 5: Estimates of selected chronic diseases and risk factors, Dandenong District DGP, Melbourne, Victoria and Australia, 2001

Variable	Dandenong District DGP		Melbourne		Victoria		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	5,638	20.2	66,240	18.4	95,664	19.9	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	3,606	16.6	50,057	15.6	69,192	15.1	283,176	15.2

¹ No. is a weighted estimate of the number of people in Dandenong District 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 6,817 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.3% of all admissions in the Dandenong District DGP (Table 6, Figure 7), below the levels in Victoria (8.8%) and Australia (8.7%).

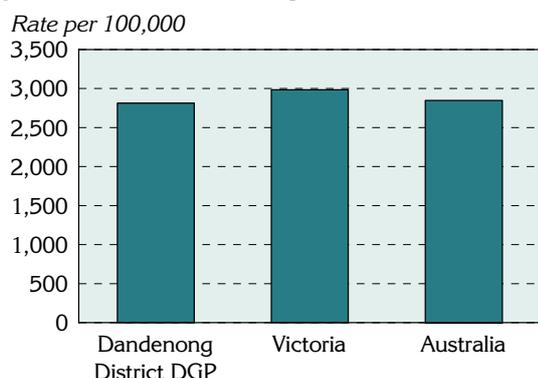
Table 6: Avoidable¹ and unavoidable hospitalisations, Dandenong District DGP, Victoria, and Australia, 2001/02

Category	Dandenong District DGP			Victoria			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	6,817	2,811.4	8.3	145,135	2,983.2	8.8	552,786	2,847.5	8.7
Unavoidable	75,160	29,724.6	91.7	1,510,437	31,088.3	91.2	5,818,199	29,970.7	91.3
Total	81,977	32,536.5	100.0	1,655,572	34,071.5	100.0	6,370,985	32,818.2	100.0

¹ Admissions resulting from ACS conditions

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

Figure 7: Avoidable hospitalisations¹, Dandenong District DGP, Victoria and Australia, 2001/02



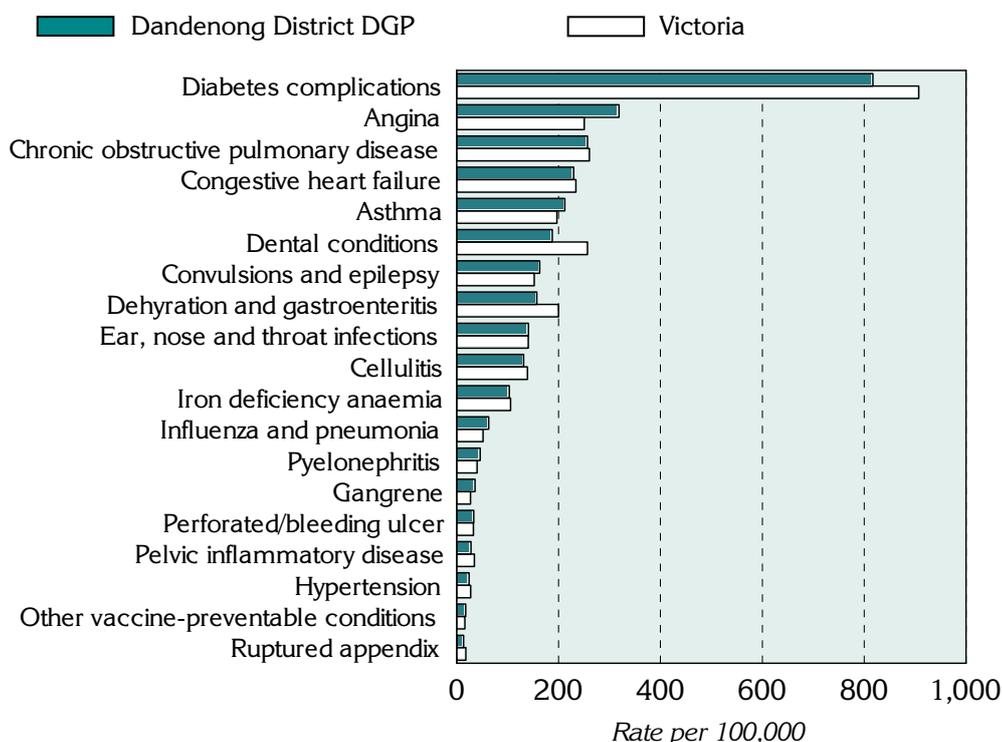
The rate of avoidable hospitalisations in Dandenong District DGP is lower, a rate of 2,811.4 admissions per 100,000 population, than the rates for Victoria (a rate of 2,983.2) and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

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

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

Figure 8: Avoidable hospitalisations¹ by condition, Dandenong District DGP and Victoria, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Dandenong District DGP, Victoria and Australia, 2001/02

Sub-category/ condition	Dandenong District DGP		Victoria		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	206	80.7	3,293	68.0	16,573	85.4
Influenza and pneumonia	156	62.9	2,525	52.0	13,021	67.1
Other vaccine preventable	50	17.8	768	16.0	3,552	18.3
Chronic³	4,362	1,961.9	97,133	1,982.6	352,545	1,816
Diabetes complications	1,806	817.0	44,409	906.9	141,345	728.1
Iron deficiency anaemia	234	103.3	5,196	105.9	16,451	84.7
Hypertension	54	24.3	1,362	27.7	6,354	32.7
Congestive heart failure	436	229.6	11,655	234.1	42,447	218.6
Angina	678	318.6	12,285	250.4	49,963	257.4
Chronic obstructive pulmonary disease	530	256.7	12,850	260.7	54,853	282.6
Asthma	624	212.4	9,376	196.9	41,009	211.3
Acute	2,554	937.9	50,153	1,041.7	200,913	1,035
Dehydration and gastroenteritis	390	157.3	9,761	200.0	37,766	194.5
Convulsions and epilepsy	462	162.9	7,297	152.4	31,137	160.4
Ear, nose and throat infections	430	140.9	6,653	140.5	32,075	165.2
Dental conditions	551	187.7	12,235	256.7	43,667	224.9
Perforated/bleeding ulcer	72	33.6	1,618	32.9	5,795	29.9
Ruptured appendix	39	13.7	855	17.9	3,866	19.9
Pyelonephritis	124	46.0	1,948	40.2	7,386	38.0
Pelvic inflammatory disease	81	28.3	1,693	34.8	6,547	33.7
Cellulitis	326	131.3	6,751	139.0	28,204	145.3
Gangrene	79	36.2	1,342	27.3	4,470	23.0
Total avoidable hospitalisations⁴	6,817	2,811.4	145,135	2,983.2	552,786	2,847.5

¹ Admissions resulting from ACS conditions

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

³ Excludes nutritional deficiencies as less than ten admissions

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

Avoidable mortality

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

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

Over two-thirds (71.4%) of all deaths in Dandenong District DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, consistent with the proportion for Melbourne (71.0%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.0% of all deaths at ages 0 to 74 years in Dandenong District DGP, slightly lower than the 28.7% in Melbourne.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,240	208.8	30,654	193.0	45,466	201.3	189,845	211.8
% of total	71.4	..	71.0	..	70.9	..	71.5	..
(Amenable)	(880)	(82.9)	(12,406)	(78.4)	(18,406)	(81.4)	(76,249)	(85.1)
(% of total)	(28.0)	(..)	(28.7)	(..)	(28.7)	(..)	(28.7)	(..)
Unavoidable	899	84.3	12,517	79.1	18,617	82.4	75,582	84.3
% of total	28.6	..	29.0	..	29.1	..	28.5	..
Total mortality	3,139	293.1	51,477	272.1	64,083	283.7	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. Dandenong District DGP's rate of avoidable mortality for males was 260.3 deaths per 100,000 males, higher than the rate of 156.5 for females. The rate of amenable mortality for males in the Division was also higher, 87.1, compared to 78.5 for females, a rate ratio of 1.11 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Note: the different scales

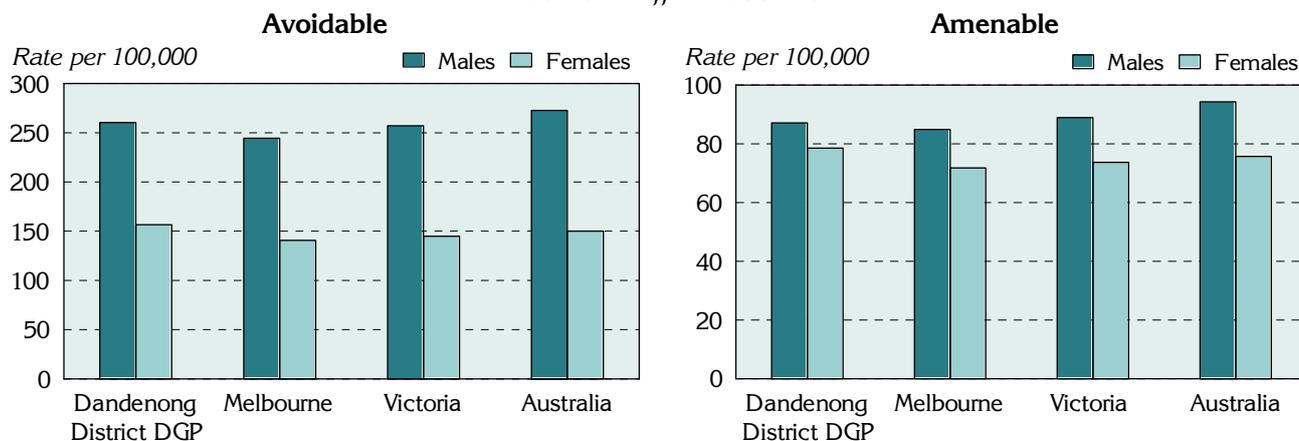


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and sex	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,407	260.3	19,378	244.5	29,042	257.0	123,026	272.6
Females	834	156.5	11,276	140.7	16,424	144.8	66,819	150.1
Total	2,240	208.8	30,354	193.0	45,466	201.3	189,845	211.8
Rate ratio-M:F²	..	1.66**	..	1.74**	..	1.77**	..	1.82**
Amenable								
Males	461	87.1	6,667	84.9	10,052	88.9	42,568	94.3
Females	419	78.5	5,739	71.8	8,354	73.7	33,681	75.7
Total	880	82.9	12,406	78.4	18,406	81.4	76,249	85.1
Rate ratio-M:F²	..	1.11	..	1.18**	..	1.21**	..	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 Dandenong District DGP, Melbourne, Victoria 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 72.0% of total YLL (0 to 74 years) for Dandenong District DGP, consistent with the proportion for Melbourne. The proportion of YLL from amenable mortality for Dandenong District DGP (27.7%) was marginally lower than that for Melbourne (28.1%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	40,952	72.0	536,388	71.6	790,054	71.5	3,327,375	71.9
(Amenable)	(15,733)	(27.7)	(210,627)	(28.1)	(310,758)	(28.1)	(1,298,430)	(28.0)
Unavoidable	15,925	28.0	212,979	28.4	315,555	28.5	1,303,289	28.1
Total	56,877	100.0	749,368	100.0	1,105,610	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 1,359.8 deaths per 100,000 population in the Dandenong District 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 306.6 in the Dandenong District Division.

Table 11: Avoidable and amenable mortality by age, Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and age (years)	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	80	24.6	874	26.0	1,290	27.1	5,669	28.8
15-24	117	60.5	1,120	45.2	1,627	49.3	7,045	52.8
25-44	327	75.0	4,090	75.6	5,705	78.9	24,356	83.9
45-64	792	306.6	10,123	273.0	15,004	286.9	64,282	304.9
65-74	925	1,359.8	14,447	1265.1	21,840	1306.6	88,493	1,358.1
Total	2,240	208.8	30,654	193.0	45,466	201.3	189,845	211.8
Amenable								
0-24	82	15.2	836	14.6	1,189	14.9	5,083	15.4
25-44	79	18.2	963	18.0	1,382	19.1	5,946	20.5
45-64	335	130.1	4,398	118.2	6,489	123.8	27,464	130.3
65-74	383	562.8	6,209	542.7	9,348	558.6	37,756	579.4
Total	880	82.9	12,406	78.4	18,406	81.4	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 Dandenong District DGP were for cancer, with a rate of 73.7 deaths per 100,000 population, and cardiovascular diseases, 58.9 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 41.5 per 100,000 population and 27.8 per 100,000, respectively.

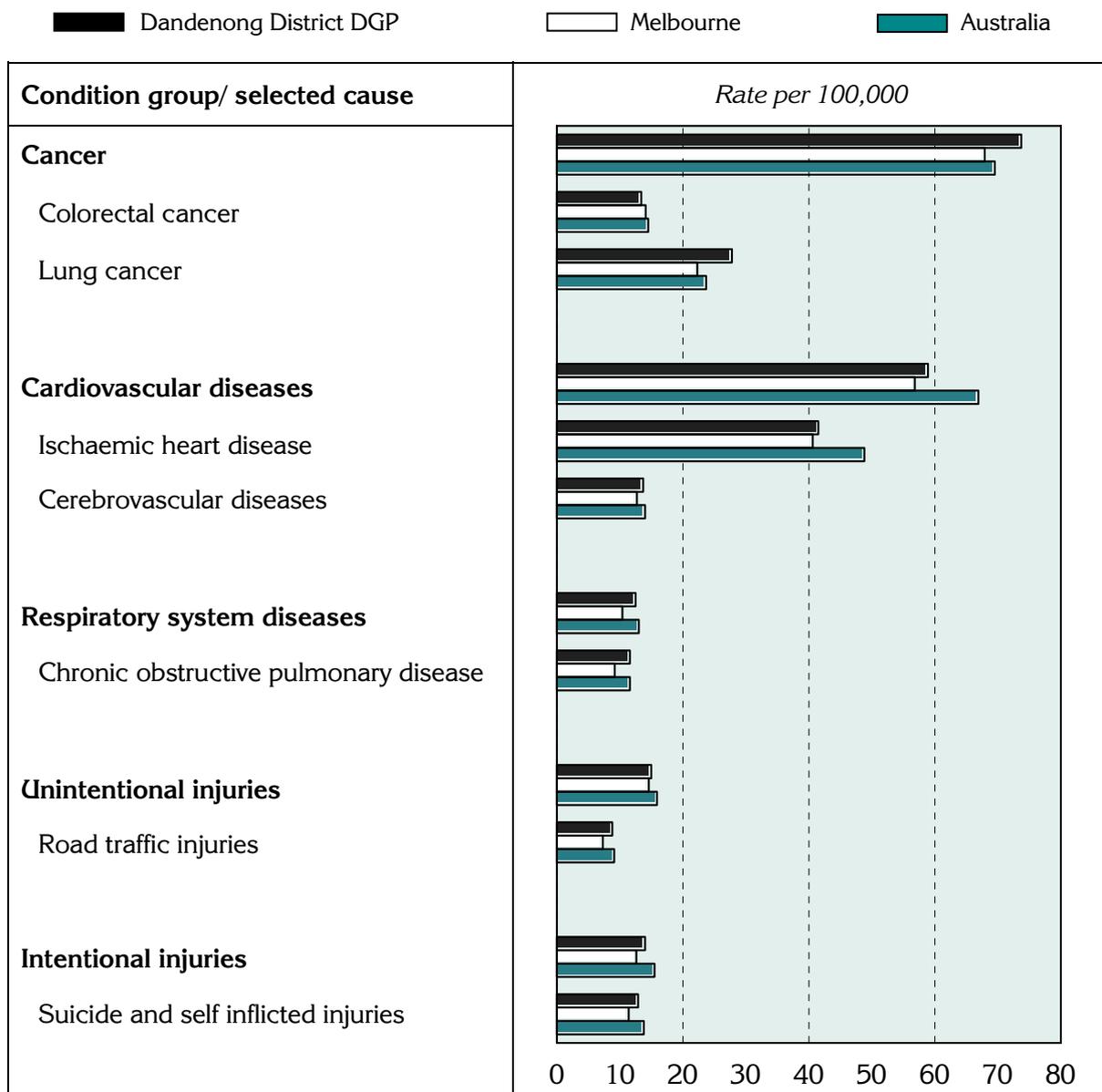
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Dandenong District DGP, Melbourne, Victoria and Australia, 1997 to 2001

Condition group/ selected cause	Dandenong District DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	760	73.7	10,739	67.9	15,813	69.8	62,338	69.5
Colorectal cancer	137	13.4	2,218	14.1	3,351	14.8	13,008	14.5
Lung cancer	280	27.8	3,505	22.3	5,244	23.1	21,208	23.7
Cardiovascular diseases	592	58.9	8,946	56.8	13,612	60.0	59,945	66.9
Ischaemic heart disease	417	41.5	6,377	40.6	9,809	43.3	43,712	48.8
Cerebrovascular diseases	137	13.7	2,013	12.7	2,947	12.9	12,558	14.0
Respiratory system diseases	123	12.5	1,644	10.4	2,621	11.5	11,612	13.0
Chronic obstructive pulmonary disease	111	11.6	1,451	9.2	2,339	10.2	10,395	11.6
Unintentional injuries	190	15.0	2,394	14.6	3,536	15.9	14,224	15.9
Road traffic injuries	111	8.8	1,192	7.3	1,931	8.7	8,138	9.1
Intentional injuries	177	14.0	2,074	12.6	3,020	13.6	13,891	15.5
Suicide and self inflicted injuries	163	12.9	1,877	11.4	2,752	12.3	12,393	13.8

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

Rates in the Division were generally below or consistent with those in Australia (apart from cancer (total and lung cancer)), and generally above those in Melbourne (although slightly lower for colorectal cancer) (Figure 10).

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



Notes on the data

Data sources and limitations

General

References to 'Melbourne' relate to the Melbourne 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 Dandenong District DGP

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

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data. In this Division, Local Government Areas (LGAs) have been split into SLAs. For example, the LGA of Casey has four SLAs – Berwick, Cranbourne, Hallam and South. All or parts of these SLAs and the other SLAs in Table 14 comprise the Division.

Table 14: SLAs and population in Dandenong District DGP, 2005 on 2001 boundaries

SLA code	SLA name	Per cent of the SLA's population in the Division*	Estimate of the SLA's 2005 population in the Division
21612	Casey - Berwick	89.6	79,071
21613	Casey - Cranbourne	100.0	65,084
21616	Casey - Hallam	96.3	49,593
21618	Casey - South	72.2	9,044
22171	Frankston - East	9.4	4,205
22671	Greater Dandenong District - Dandenong District	100.0	56,283
22674	Greater Dandenong District Balance	57.0	40,434
25341	Mornington Peninsula - East	14.4	5,468

* Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas

Acknowledgements

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Further developments and updates

When the re-aligned boundaries are released and DoHA have made known their geographic composition, PHIDU will examine the need to revise and re-publish these profiles (*Population health profile*, dated November 2005, and the *Population health profile: supplement*, dated March 2007).

PHIDU contact details

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