

Population health profile of the Redcliffe Bribie Caboolture

Division of General Practice: supplement

Population Profile Series: No. 73a

PHIDU

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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 Redcliffe Bribie Caboolture Division of General Practice: supplement

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

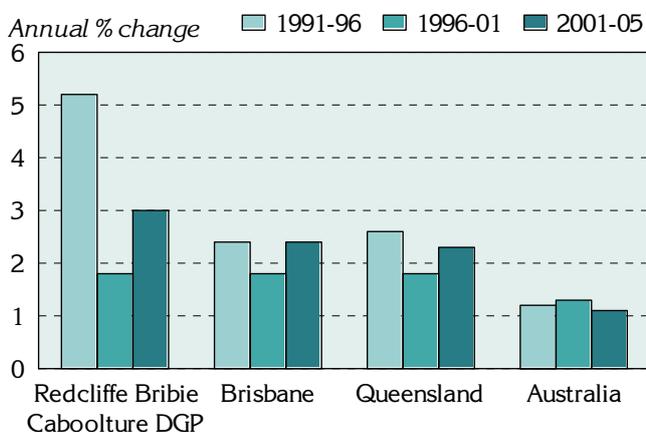
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Redcliffe Bribie Caboolture Division had an Estimated Resident Population of 188,614 at 30 June 2005.

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



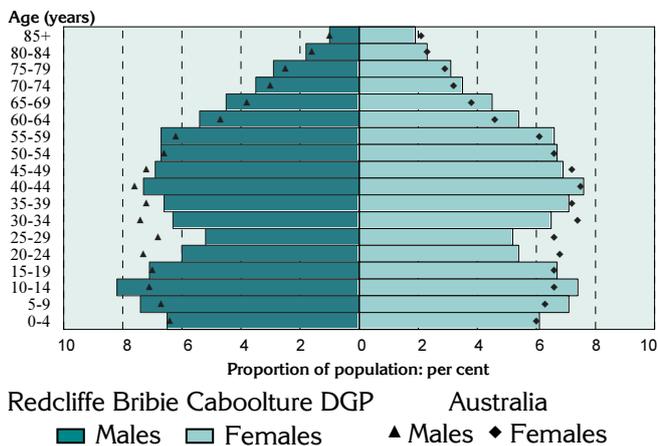
Over the five years from 1991 to 1996, the Division's population increased by 5.2% on average each year, over twice the level in Brisbane (2.4%), Queensland (2.6%) and Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 1.8%, the same as for Brisbane and Queensland, but higher than for Australia (1.3%). The growth rate of 3.0% per year from 2001 to 2004 was again above the annual increases for Brisbane (2.5%), Queensland (2.3%), and Australia (1.1%).

Table 1: Population by age, Redcliffe Bribie Caboolture DGP and Australia, 2005

Age group (years)	Redcliffe Bribie Caboolture DGP		Australia	
	No.	%	No.	%
0-14	40,407	21.4	3,978,221	19.6
15-24	23,694	12.6	2,819,834	13.9
25-44	48,745	25.8	5,878,107	28.9
45-64	48,382	25.7	4,984,446	24.5
65-74	15,126	8.0	1,398,831	6.9
75-84	9,479	5.0	954,143	4.7
85+	2,782	1.5	315,027	1.5
Total	188,614	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below, Redcliffe Bribie Caboolture DGP had relatively more children than Australia as a whole, with 21.4% at ages 0 to 14 years (compared to 19.6%) (Table 1). Conversely, the Division had fewer people aged 15 to 24 years (12.6%) and 25 to 44 years (25.8%) compared to Australia (13.9% and 28.9%). The proportions of the Division's population aged 45 to 84 years were marginally higher than those for Australia.

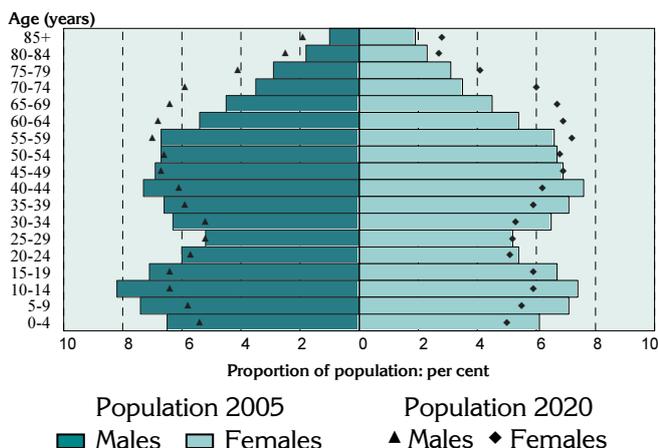
Figure 2: Population in Redcliffe Bribie Caboolture DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively more children aged 5 to 14 years;
- from 20 to 49 years – relatively fewer males to age 49 years and females to age 39 years; and
- at older ages – higher proportions of males aged 55 to 79 years, and females at ages 50 to 74 years.

Figure 3: Population projections for Redcliffe Bribie Caboolture DGP, by age and sex, 2005 and 2020



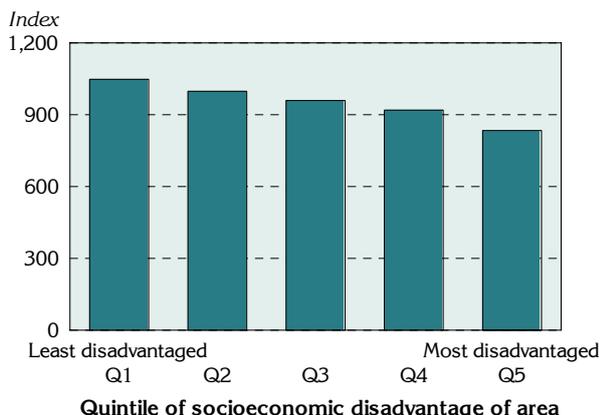
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- relatively fewer males and females aged 0 to 44 years (only marginally lower at ages 25 to 29 years); and
- over 55 years – higher proportions of males and females (most pronounced at ages 60 to 74 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Redcliffe Bribie Caboolture 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, Redcliffe Bribie Caboolture DGP, 2001



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

The Redcliffe Bribie Caboolture DGP has an index score of 952, below the score for Australia of 1000: this score varies across the Division, from a low of 834 in the most disadvantaged areas to 1048 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 more jobless families in the Division (25.0%), than for Brisbane as a whole (17.7%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a

markedly lower proportion of the population with private health insurance (31.0%), compared to Brisbane (43.5%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Redcliffe Bribe Caboolture DGP, Brisbane, Queensland and Australia, 2001

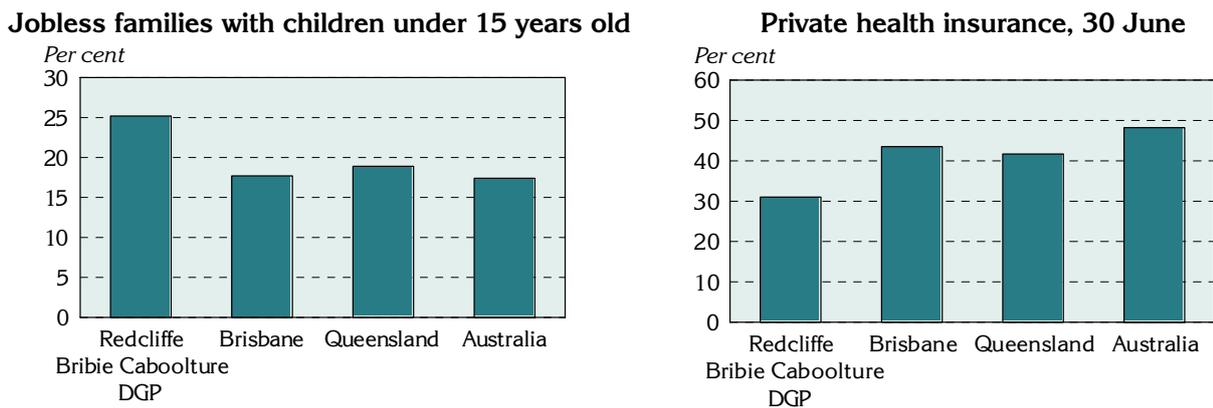
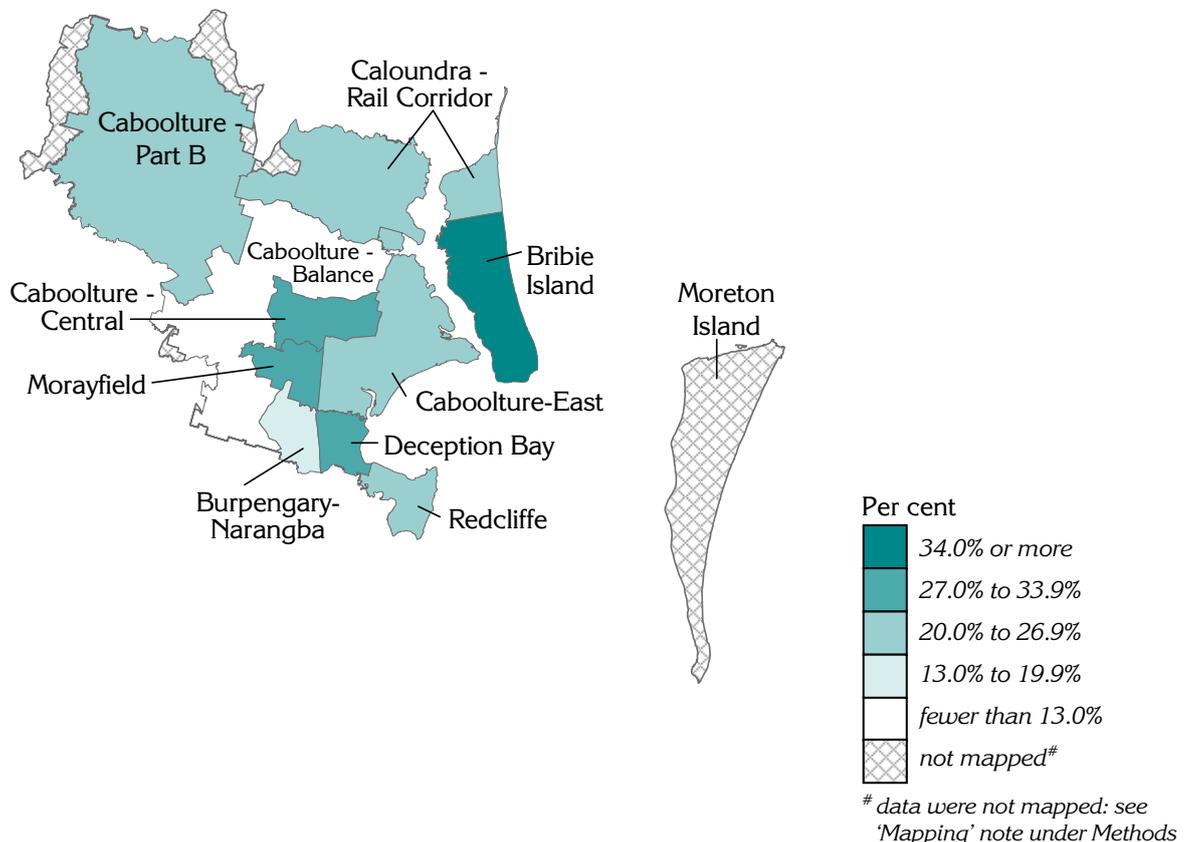


Table 2: Socio-demographic indicators, Redcliffe Bribe Caboolture DGP, Brisbane, Queensland and Australia, 2001

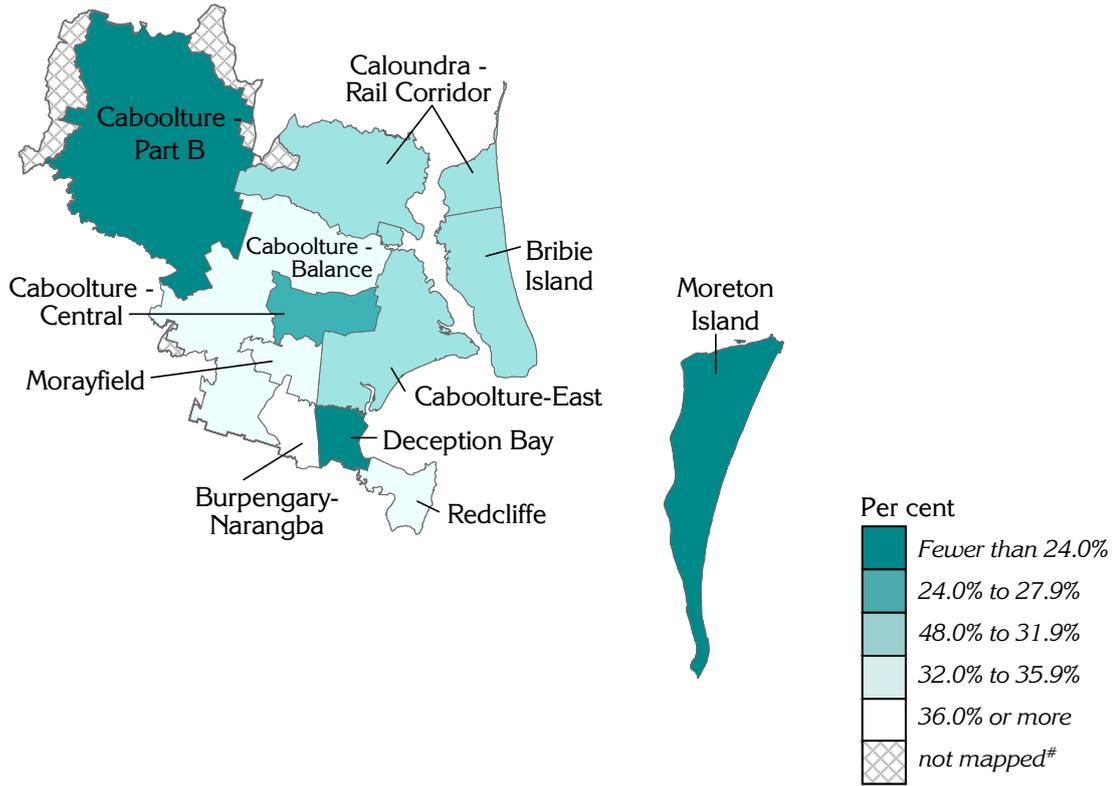
Indicator	Redcliffe Bribe Caboolture DGP		Brisbane		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	4,880	25.2	31,941	17.7	74,942	18.9	357,563	17.4
Private health insurance (30 June)	51,332	31.0	698,753	43.5	1,511,613	41.7	8,671,106	46.0

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, Redcliffe Bribe Caboolture DGP, 2001



**Map 2: People covered by private health insurance by SLA,
Redcliffe Bribie Caboolture DGP, 30 June 2001**



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

GP services to residents of the Redcliffe Bribie Caboolture 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.

Over four fifths (83.1%) of all unreferral attendances to residents of Redcliffe Bribie Caboolture DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 785,206 GP unreferral attendances (Table 3). A further 9.9% of unreferral attendances to residents were provided by GPs with a provider number in GPpartners DGP, with 2.2% provided by GPs in Sunshine Coast DGP.

Table 3: Patient flow – People living¹ in Redcliffe Bribie Caboolture DGP by Division where attendance occurred², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
407	Redcliffe Bribie Caboolture DGP	785,206	83.1
405	GPpartners DGP	93,983	9.9
418	Sunshine Coast DGP	21,097	2.2
401	South East Alliance (Brisbane) DGP	6,350	0.7
402	Brisbane South DGP	3,996	0.4
404	Logan Area DGP	3,765	0.4
414	Southern Queensland Rural DGP	3,748	0.4
Other	..	29,259	3.1
Total	..	944,742	100.0

¹ Based on address in Medicare records

² Division of GP based on provider number

³ Proportion of all unreferral attendances of patients with an address in Division 407 by Division in which attendance occurred

The majority (90.0%) of unreferral attendances provided by GPs with a provider number in Redcliffe Bribie Caboolture DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 5.2% of unreferral attendances by GPs in the Division were to people living in GPpartners DGP, with 1.0% to residents of Sunshine Coast DGP.

Table 4: GP catchment – Unreferral attendances provided by GPs¹ in Redcliffe Bribie Caboolture DGP by Division of patient address², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
407	Redcliffe Bribie Caboolture DGP	785,206	90.0
405	GPpartners DGP	45,614	5.2
418	Sunshine Coast DGP	9,122	1.0
414	Southern Queensland Rural DGP	4,653	0.5
408	Ipswich and West Moreton DGP	2,260	0.3
Other	..	25,114	2.9
Total	..	871,969	100.0

¹ Division of GP based on provider number

² Based on address in Medicare records

³ Proportion of all unreferral attendances to GPs with a provider number in Division 407 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Redcliffe Bribie Caboolture 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 markedly more people in Redcliffe Bribie Caboolture 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. There were marginally more people in Redcliffe Bribie Caboolture 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, Redcliffe Bribie Caboolture DGP, Brisbane and Australia, 2001

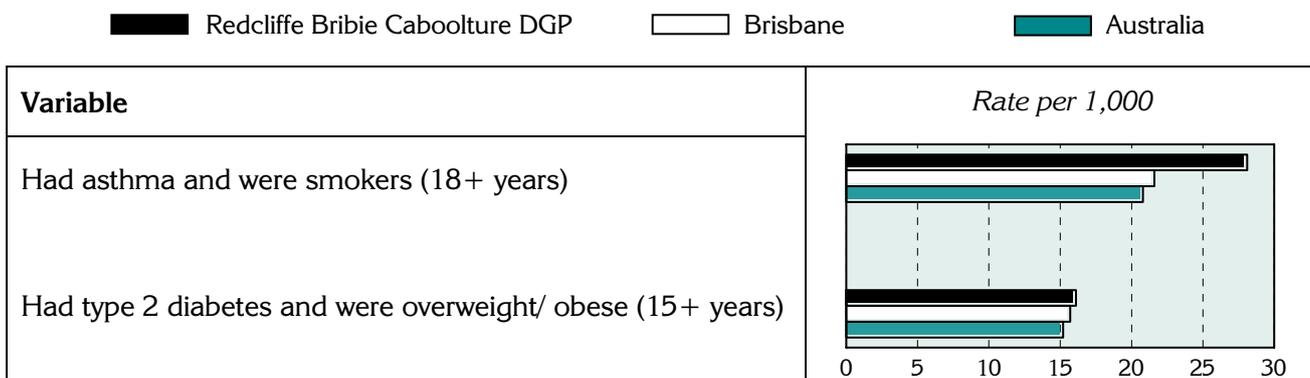


Table 5: Estimates of selected chronic diseases and risk factors, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 2001

Variable	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	4,313	28.1	37,177	21.6	83,759	23.2	397,734	20.8
Had type 2 diabetes & were overweight/obese ⁴	2,924	16.1	23,133	15.7	52,952	15.0	283,176	15.2

¹ No. is a weighted estimate of the number of people in Redcliffe Bribie Caboolture 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 5,454 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.7% of all admissions in the Redcliffe Bribie Caboolture DGP (Table 6, Figure 7), consistent with the levels in Queensland (8.5%) and Australia (8.7%).

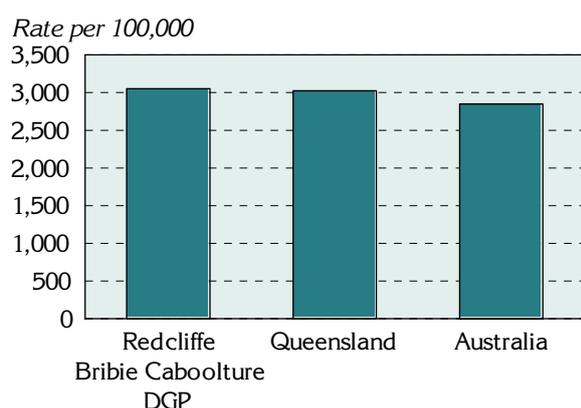
Table 6: Avoidable¹ and unavoidable hospitalisations, Redcliffe Bribie Caboolture DGP, Queensland, and Australia, 2001/02

Category	Redcliffe Bribie Caboolture DGP			Queensland			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	5,454	3,051.8	8.7	106,884	3,025.0	8.5	552,786	2,847.5	8.7
Unavoidable	56,957	32,799.7	91.3	1,153,519	32,410.1	91.5	5,818,199	29,970.7	91.3
Total	62,410	35,849.8	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

Figure 7: Avoidable hospitalisations¹, Redcliffe Bribie Caboolture DGP, Queensland and Australia, 2001/02



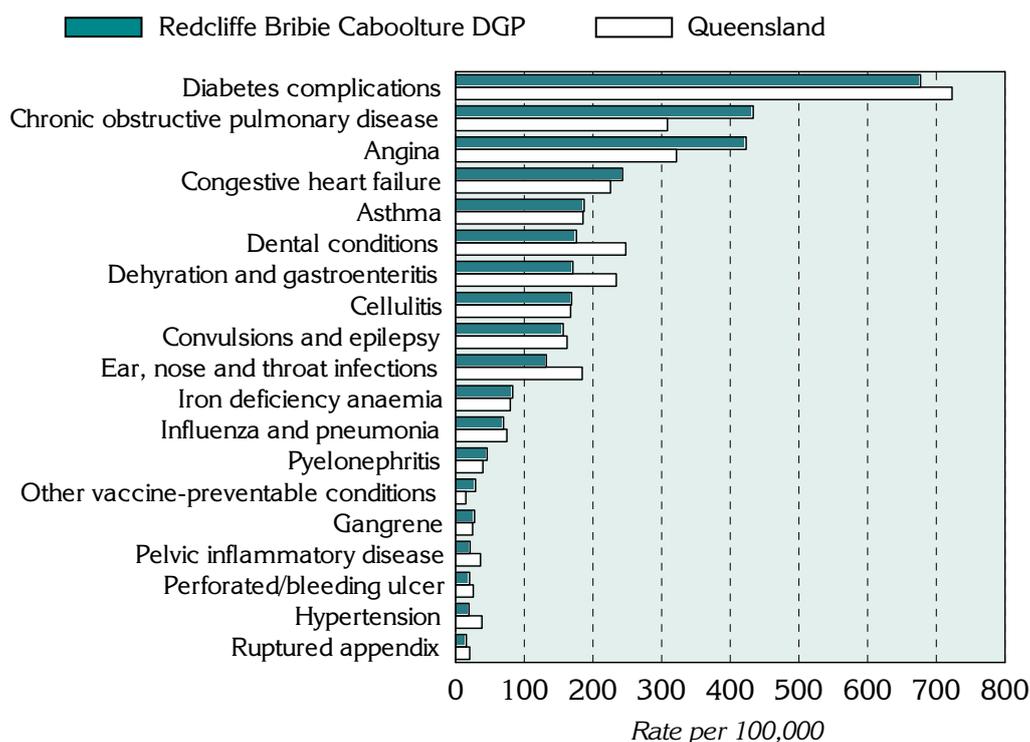
The rate of avoidable hospitalisations in Redcliffe Bribie Caboolture DGP, a rate of 3,051.8 admissions per 100,000 population, is consistent with that in Queensland (a rate of 3,025.0), and slightly above the rate in Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, chronic obstructive pulmonary disease, angina and congestive heart failure were the four conditions with the highest rates of avoidable hospitalisations in the Redcliffe Bribie Caboolture 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, Redcliffe Bribie Caboolture DGP and Queensland, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Redcliffe Bribie Caboolture DGP, Queensland and Australia, 2001/02

Sub-category/ condition	Redcliffe Bribie Caboolture DGP		Queensland		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	171	98.6	3,188	89.6	16,573	85.4
Influenza and pneumonia	123	69.7	2,646	74.6	13,021	67.1
Other vaccine preventable	48	28.9	542	15.0	3,552	18.3
Chronic³	3,804	2,066.5	65,455	1,882.0	352,545	1,816
Diabetes complications	1,248	677.2	25,175	722.9	141,345	728.1
Iron deficiency anaemia	149	83.2	2,772	79.7	16,451	84.7
Hypertension	35	19.4	1,324	38.3	6,354	32.7
Congestive heart failure	447	243.2	7,617	225.5	42,447	218.6
Angina	780	423.0	11,134	321.5	49,963	257.4
Chronic obstructive pulmonary disease	821	433.4	10,619	308.5	54,853	282.6
Asthma	324	187.1	6,814	185.6	41,009	211.3
Acute	1,604	935.2	41,300	1,143.3	200,913	1,035
Dehydration and gastroenteritis	292	170.8	8,278	234.1	37,766	194.5
Convulsions and epilepsy	265	156.6	5,902	162.3	31,137	160.4
Ear, nose and throat infections	228	132.2	6,829	184.4	32,075	165.2
Dental conditions	303	175.9	9,101	247.8	43,667	224.9
Perforated/bleeding ulcer	37	20.3	892	25.8	5,795	29.9
Ruptured appendix	26	15.7	754	20.7	3,866	19.9
Pyelonephritis	77	46.0	1,437	39.8	7,386	38.0
Pelvic inflammatory disease	34	21.1	1,315	36.2	6,547	33.7
Cellulitis	292	168.9	5,930	167.4	28,204	145.3
Gangrene	50	27.7	862	24.8	4,470	23.0
Total avoidable hospitalisations⁴	5,454	3,051.8	106,884	3,025.0	552,786	2,847.5

¹ Admissions resulting from ACS conditions

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

³ Excludes nutritional deficiencies as less than ten admissions

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

Avoidable mortality

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

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

Almost three quarters (72.0%) of all deaths in Redcliffe Bribie Caboolture 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). However, the rate in the Division is notably lower than that in Brisbane, a differential of 0.89.

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

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

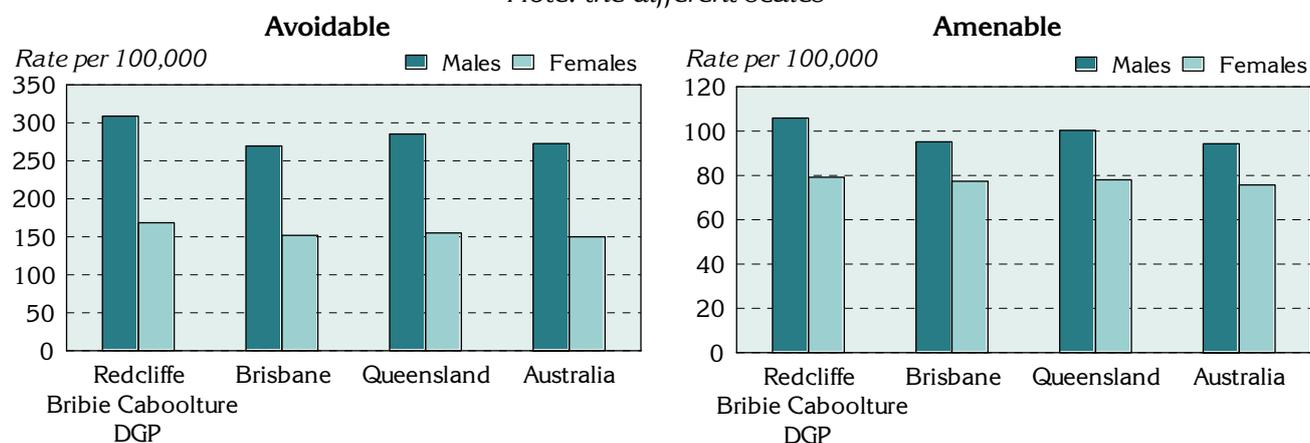
Mortality category	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,181	188.8	14,656	211.2	35,515	220.6	189,845	211.8
% of total	72.0	..	72.7	..	72.8	..	71.5	..
(Amenable)	(876)	(76.3)	(5,940)	(86.4)	(14,323)	(89.3)	(76,249)	(85.1)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

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

Rates of avoidable mortality were higher for males than for females in each of the comparator areas. Redcliffe Bribie Caboolture DGP's rate of avoidable mortality for males was 308.9 deaths per 100,000 males, notably higher than the rate of 168.6 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 105.9, compared to 79.2 for females, a rate ratio of 1.34 (Figure 9, Table 9).

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

Note: the different scales



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

Mortality category and sex	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,288	308.9	9,362	269.5	23,316	285.3	123,026	272.6
Females	698	168.6	5,294	152.0	12,199	155.1	66,819	150.1
Total	1,986	239.3	14,656	211.2	35,515	220.6	189,845	211.8
Rate ratio–M:F²	..	1.83**	..	1.77**	..	1.84**	..	1.82**
Amenable								
Males	453	105.9	3,249	95.2	8,181	100.4	42,568	94.3
Females	329	79.2	2,691	77.4	6,142	78.0	33,681	75.7
Total	782	92.7	5,940	86.4	14,323	89.3	76,249	85.1
Rate ratio–M:F²	..	1.34**	..	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 Redcliffe Bribie Caboolture 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 73.8% of total YLL (0 to 74 years) for Redcliffe Bribie Caboolture DGP, marginally higher than the 72.8% for Brisbane. The proportion of YLL from amenable mortality of 28.5% for Redcliffe Bribie Caboolture DGP was consistent with the proportion for Brisbane.

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

Mortality category	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	33,649	73.8	260,170	72.8	629,779	72.9	3,327,375	71.9
(Amenable)	(12,981)	(28.5)	(103,340)	(28.9)	(247,893)	(28.7)	(1,298,430)	(28.0)
Unavoidable	11,942	26.2	97,013	27.2	234,699	27.1	1,303,289	28.1
Total	45,591	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 1,547.5 deaths per 100,000 population in Redcliffe Bribie Caboolture 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 354.4 in Redcliffe Bribie Caboolture Division.

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

Mortality category and age (years)	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	41	22.2	500	30.1	1,208	32.2	5,669	28.8
15-24	60	59.7	562	44.8	1,386	54.3	7,045	52.8
25-44	207	91.2	1,916	77.8	4,527	84.9	24,356	83.9
45-64	674	354.4	5,107	301.7	12,543	322.5	64,282	304.9
65-74	1,004	1,547.5	6,571	1410.9	15,851	1404.6	88,493	1,358.1
Total	1,986	239.3	14,656	211.2	35,515	220.6	189,845	211.8
Amenable								
0-24	39	13.1	451	15.9	1,059	16.8	5,083	15.4
25-44	49	21.0	491	20.1	1,165	21.8	5,946	20.5
45-64	277	145.3	2,236	132.2	5,352	137.9	27,464	130.3
65-74	416	643.1	2,762	591.5	6,748	599.1	37,756	579.4
Total	782	92.7	5,940	86.4	14,323	89.3	76,249	85.1

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

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

The highest rates of avoidable mortality for the selected major condition groups in the Redcliffe Bribie Caboolture DGP were for cancer, with a rate of 81.2 deaths per 100,000 population, and cardiovascular diseases, 76.1 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 59.3 per 100,000 population and 29.8 per 100,000, respectively.

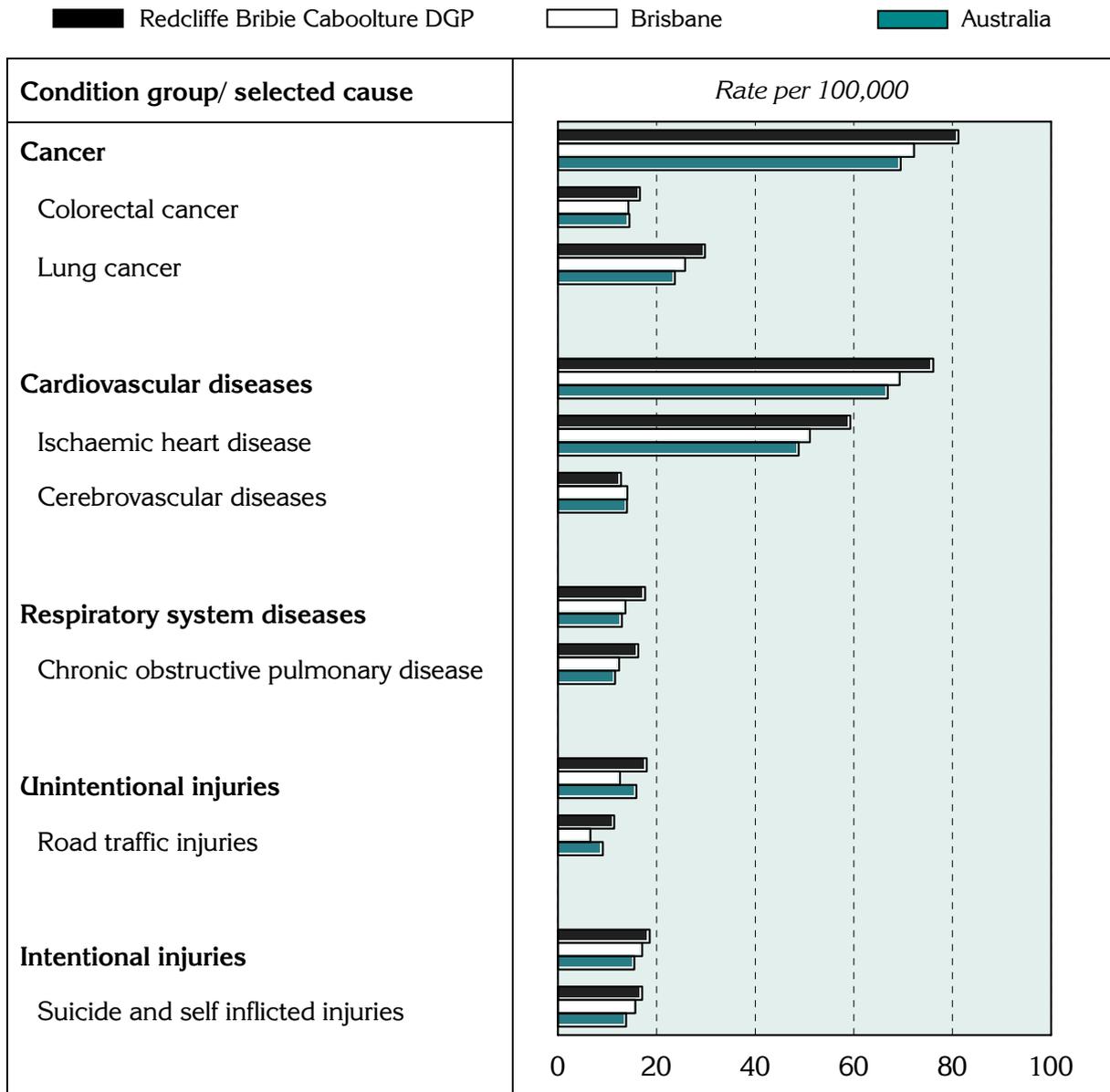
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 1997 to 2001

Condition group/ selected cause	Redcliffe Bribie Caboolture DGP		Brisbane		Queensland		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	688	81.2	4,928	72.2	11,618	72.6	62,338	69.5
Colorectal cancer	142	16.6	967	14.3	2,392	15.0	13,008	14.5
Lung cancer	256	29.8	1,733	25.8	4,062	25.4	21,208	23.7
Cardiovascular diseases	652	76.1	4,648	69.3	11,294	71.0	59,945	66.9
Ischaemic heart disease	508	59.3	3,429	51.1	8,434	52.9	43,712	48.8
Cerebrovascular diseases	110	12.8	947	14.1	2,210	14.0	12,558	14.0
Respiratory system diseases	154	17.7	906	13.7	2,168	13.7	11,612	13.0
Chronic obstructive pulmonary disease	143	16.3	811	12.4	1,970	12.5	10,395	11.6
Unintentional injuries	132	18.0	968	12.6	2,630	15.8	14,224	15.9
Road traffic injuries	84	11.4	511	6.6	1,565	9.4	8,138	9.1
Intentional injuries	135	18.6	1,305	17.1	3,017	18.2	13,891	15.5
Suicide and self inflicted injuries	124	17.1	1,198	15.7	2,719	16.4	12,393	13.8

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

Rates in the Division for the condition groups and selected causes were generally above those in Brisbane and Australia (Figure 10).

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



Notes on the data

Data sources and limitations

General

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

Data sources

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

Table 13: Data sources

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

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

Methods

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

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

Mapping

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

Statistical geography of the Redcliffe Bribie Caboolture 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 the Division, SLAs are based on suburbs: as many of these have very small populations, they have in some cases been grouped to form areas of larger population: the groupings are those used in HealthWIZ. The individual suburbs and groups of suburbs that comprise the Division are listed in Table 14. The SLA group name does not in all cases include the names of all suburbs (SLAs) in the group: all relevant SLA codes are shown in the table.

Table 14: SLAs and population in Redcliffe Bribie Caboolture DGP, 2005 on 2001 boundaries

SLA code ¹	SLA/ SLA group name	Per cent of SLA/SLA group's population in the Division*	Estimate of the SLA/SLA group's 2005 population in the Division
32002	Bribie Island	100.0	15,899
32005	Burpengary-Narangba	100.0	21,962
32008	Caboolture - Central	100.0	18,194
32013	Caboolture - East	100.0	15,066
32031	Caboolture - Part B	100.0	13,508
32023	Caboolture Balance	97.7	5,976
32138	Caloundra - Rail Corridor	24.7	4,565
32016	Deception Bay	100.0	20,727
32018	Morayfield	100.0	19,518
31394	Moreton Island	100.0	235
36201, 36204, 36206, 36208	Redcliffe	100.0	52,965

* 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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