

Population health profile of the Adelaide North East

Division of General Practice: supplement

Population Profile Series: No. 88a

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

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

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Population health profile

of the Adelaide North East Division of General Practice: supplement

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

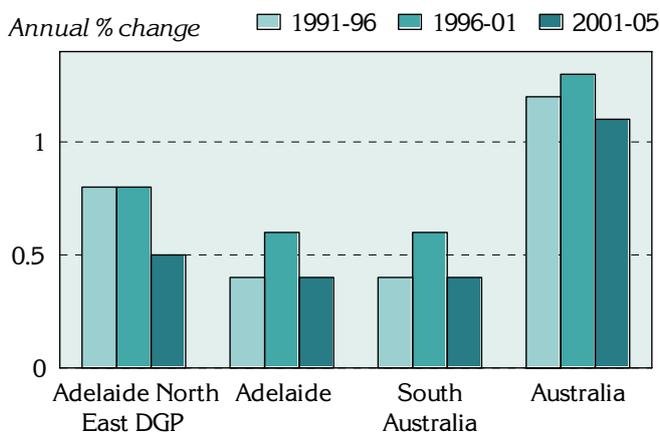
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Adelaide North East Division had an Estimated Resident Population of 207,681 at 30 June 2005.

Figure 1: Annual population change, Adelaide North East DGP, Adelaide, South Australia and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



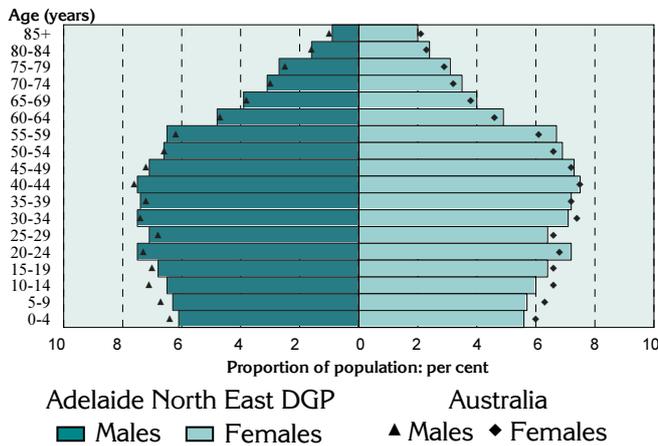
Over the five years from 1991 to 1996, the Division's population increased by 0.8% on average each year, above the levels in Adelaide and South Australia (both 0.4%). From 1996 to 2001, the annual percentage increase in the Division was again 0.8%, higher than for Adelaide and South Australia (both 0.6%). The Division's annual growth rate of 0.5% from 2001 to 2005 was higher than the annual increases for Adelaide and South Australia (both 0.4%). Growth was well below the national level in all periods.

Table 1: Population by age, Adelaide North East DGP and Australia, 2005

Age group (years)	Adelaide North East DGP		Australia	
	No.	%	No.	%
0-14	37,543	18.1	3,978,221	19.6
15-24	28,966	13.9	2,819,834	13.9
25-44	59,989	28.9	5,878,107	28.9
45-64	52,893	25.5	4,984,446	24.5
65-74	14,937	7.2	1,398,831	6.9
75-84	10,300	5.0	954,143	4.7
85+	3,053	1.5	315,027	1.5
Total	207,681	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Adelaide North East DGP had a lower proportion of children than Australia as a whole, with 18.1% at ages 0 to 14 years (compared to 19.6% for Australia) (Table 1). Conversely, the proportions of the Division's population aged 45 to 84 years were higher than for Australia.

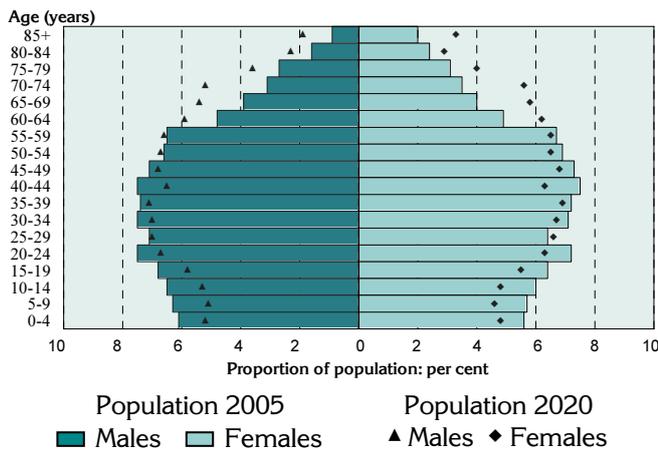
Figure 2: Population in Adelaide North East DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively fewer children and young people aged 0 to 19 years; and
- from 45 to 79 years – slightly higher proportions of females.

Figure 3: Population projections for Adelaide North East DGP, by age and sex, 2005 and 2020



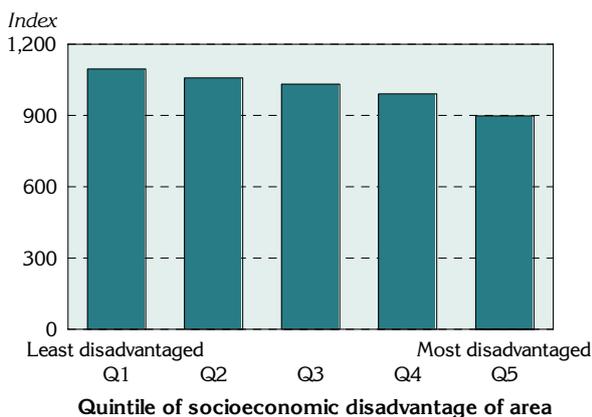
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – relatively fewer children, young people and young adults, aged 0 to 24 years;
- from 30 to 49 years – relatively fewer males and females; and
- from 50 years onwards – relatively more males and females (from age 60).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Adelaide North East 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, Adelaide North East DGP, 2001



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

The Adelaide North East DGP has an index score of 1015, above the score for Australia of 1000: this score varies across the Division, from a low of 897 in the most disadvantaged areas to 1095 in the least disadvantaged areas.

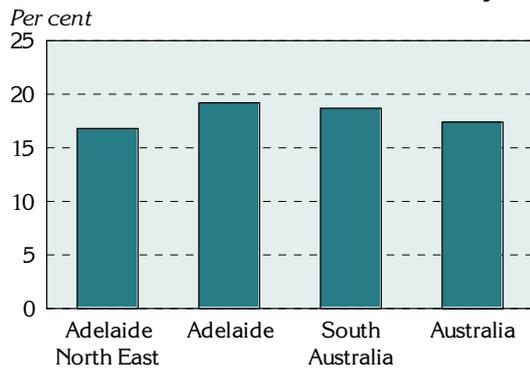
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 fewer jobless families in the Adelaide North East DGP (16.8%), compared to Adelaide as a whole (19.2%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a slightly higher proportion of people with private health insurance (55.8%), compared to Adelaide (54.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Adelaide North East DGP, Adelaide, South Australia and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

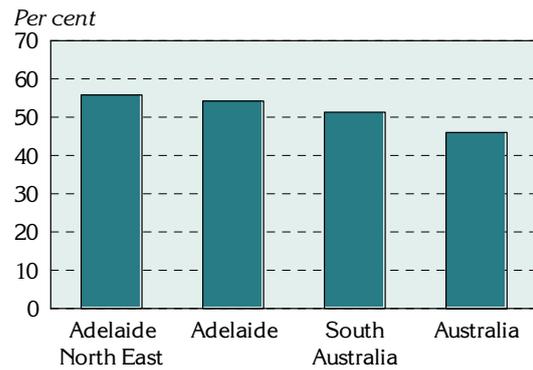
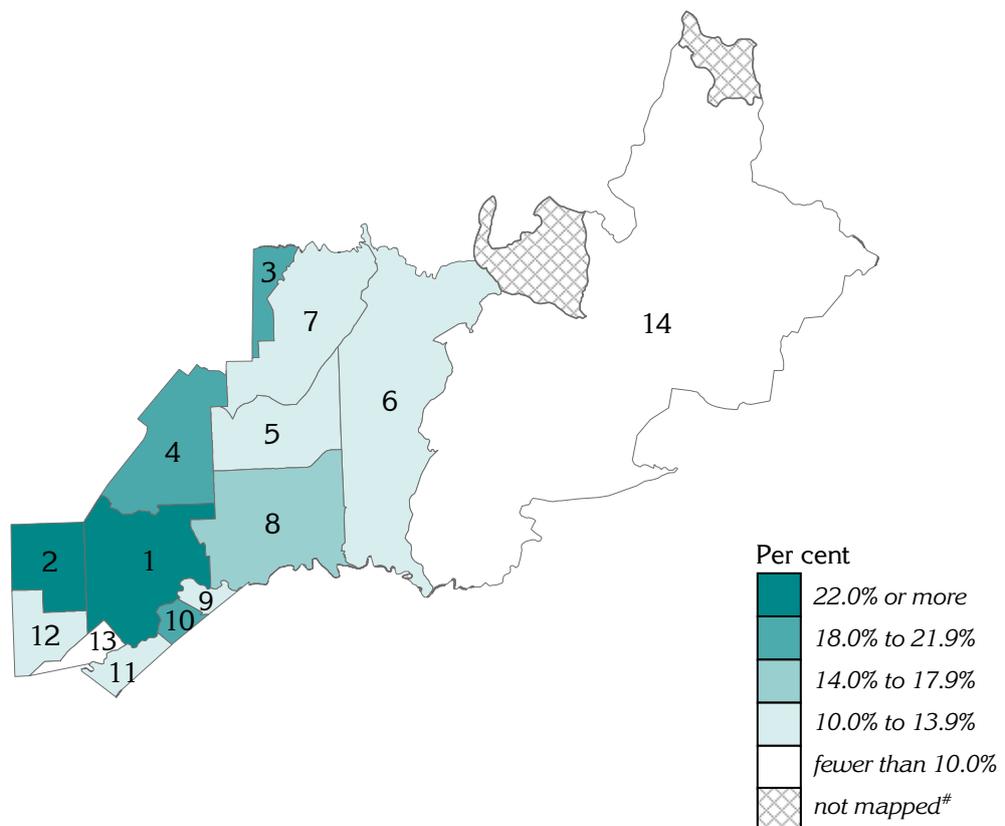


Table 2: Socio-demographic indicators, Adelaide North East DGP, Adelaide, South Australia and Australia, 2001

Indicator	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	3,540	16.8	21,478	19.2	29,203	18.7	357,563	17.4
Private health insurance (30 June)	109,186	55.8	581,532	54.2	754,598	51.3	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.

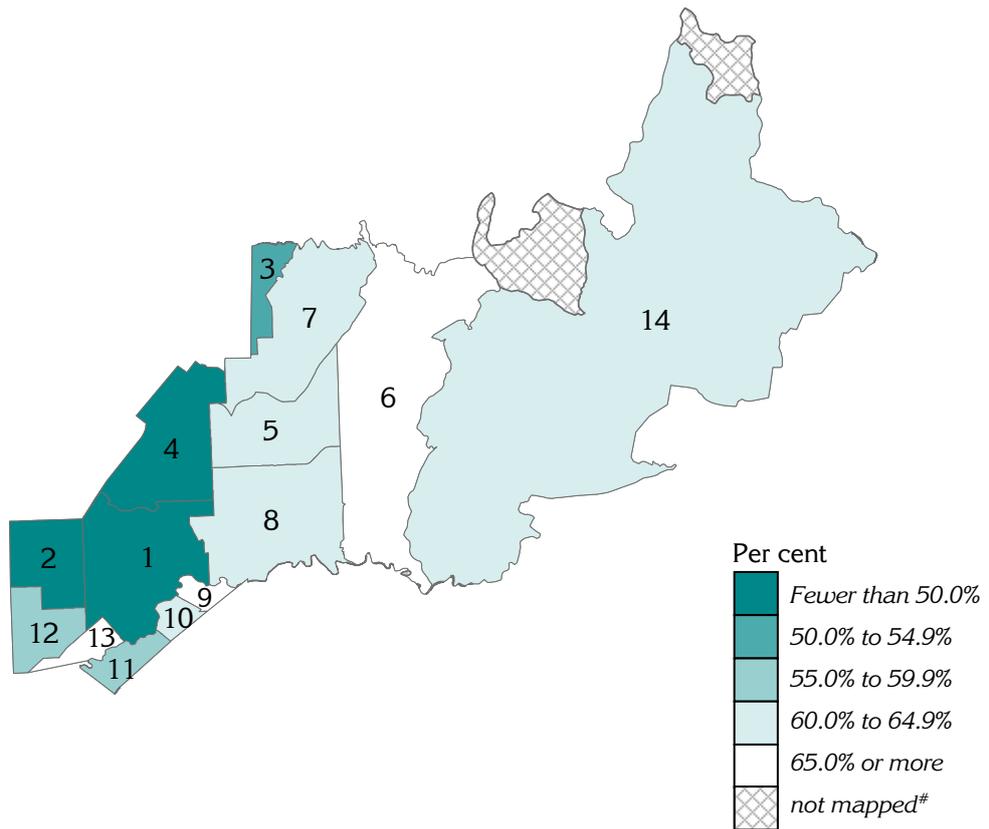
Map 1: Jobless families with children under 15 years of age by SLA, Adelaide North East DGP, 2001



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, Adelaide North East DGP, 30 June 2001



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

Alphabetical key to Statistical Local Areas, Adelaide North East DGP, 2001

Adelaide Hills - North	14	Salisbury - North-East	3
Campbelltown - East	9	Salisbury - South-East	4
Campbelltown - West	10	Tea Tree Gully - Central	5
Norwood Payneham St. Peters - East	11	Tea Tree Gully - Hills	6
Port Adelaide Enfield - East	1	Tea Tree Gully - North	7
Port Adelaide Enfield - Inner	2	Tea Tree Gully - South	8
Prospect	12	Walkerville	13

GP services to residents of the Adelaide North East 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.

Just over two thirds (68.5%) of all unreferral attendances to residents of Adelaide North East DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 696,149 GP unreferral attendances (Table 3). A further 13.7% of unreferral attendances to residents were provided by GPs with a provider number in Adelaide Central and Eastern DGP, with 8.1% provided by GPs in Adelaide Northern DGP.

Table 3: Patient flow – People living¹ in Adelaide North East DGP by Division where attendance occurred², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
503	Adelaide North East DGP	696,149	68.5
504	Adelaide Central and Eastern DGP	139,351	13.7
502	Adelaide Northern DGP	82,582	8.1
501	Adelaide Western DGP	66,934	6.6
505	Southern DGP	10,639	1.0
514	Adelaide Hills DGP	3,235	0.3
Other	..	17,894	1.8
Total	..	1,016,784	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 503 by Division in which attendance occurred

Three quarters (75.3%) of unreferral attendances provided by GPs with a provider number in Adelaide North East DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 9.7% of unreferral attendances by GPs in the Division were to people living in Adelaide Central and Eastern DGP, with 8.3% to residents of Adelaide Northern DGP.

Table 4: GP catchment – Unreferral attendances provided by GPs¹ in Adelaide North East DGP by Division of patient address², 2003/04

Division		Unreferral attendances	
Number	Name	No.	% ³
503	Adelaide North East DGP	696,149	75.3
504	Adelaide Central and Eastern DGP	89,991	9.7
502	Adelaide Northern DGP	76,822	8.3
501	Adelaide Western DGP	30,686	3.3
505	Southern DGP	10,654	1.2
514	Adelaide Hills DGP	3,488	0.4
506	Barossa DGP	3,120	0.3
Other	..	13,329	1.4
Total	..	924,239	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 503 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Adelaide North East 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, compared to Adelaide and Australia, a similar number of people in the Adelaide North East DGP had asthma and were smokers (Figure 6, Table 5): that is, the prevalence rates per 1,000 populations were consistent. Similarly, there was little difference in rates of people who had type 2 diabetes and were overweight/ obese in Adelaide North East DGP, compared to Adelaide and Australia as a whole.

Figure 6: Estimates of selected chronic diseases and risk factors, Adelaide North East DGP, Adelaide and Australia, 2001

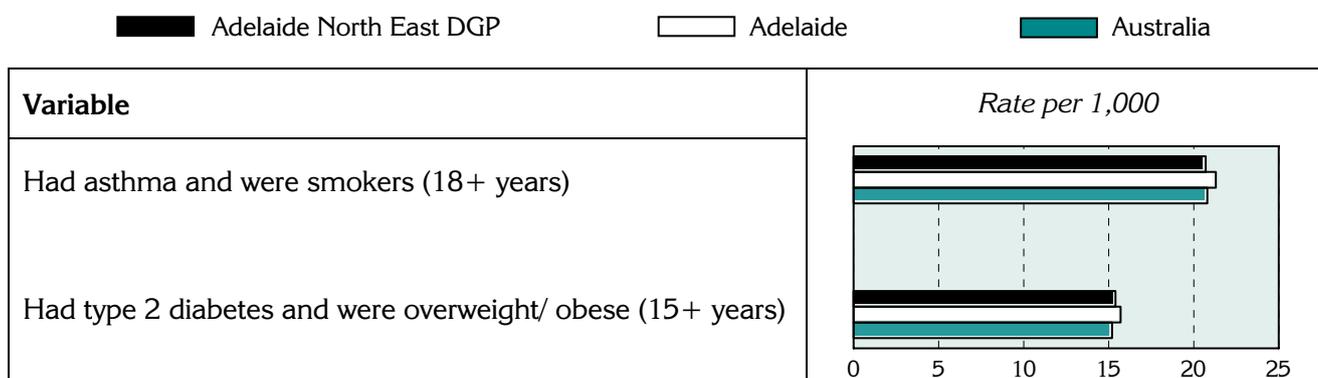


Table 5: Estimates of selected chronic diseases and risk factors, Adelaide North East DGP, Adelaide, South Australia and Australia, 2001

Variable	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	4,255	20.7	23,430	21.3	32,487	22.3	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	3,058	15.4	17,762	15.7	23,187	14.9	283,176	15.2

¹ No. is a weighted estimate of the number of people in Adelaide North East 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 5,161 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.5% of all admissions in the Adelaide North East DGP (Table 6, Figure 7), lower than the levels in South Australia (8.5) and Australia (8.7%).

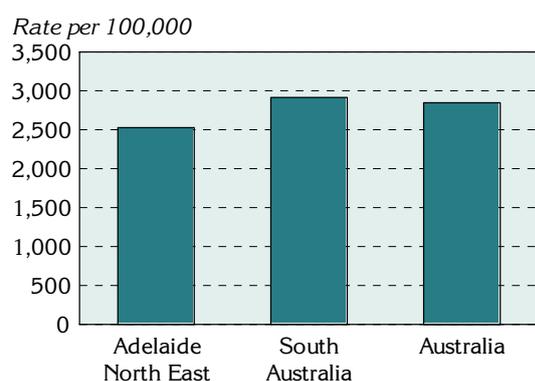
Table 6: Avoidable¹ and unavoidable hospitalisations, Adelaide North East DGP, South Australia, and Australia, 2001/02

Category	Adelaide North East DGP			South Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	5,161	2,528.1	7.5	47,247	2,915.7	8.5	552,786	2,847.5	8.7
Unavoidable	63,496	30,784.4	92.5	507,053	32,039.4	91.5	5,818,199	29,970.7	91.3
Total	68,657	33,316.3	100.0	554,300	34,952.2	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, Adelaide North East DGP, South Australia and Australia, 2001/02



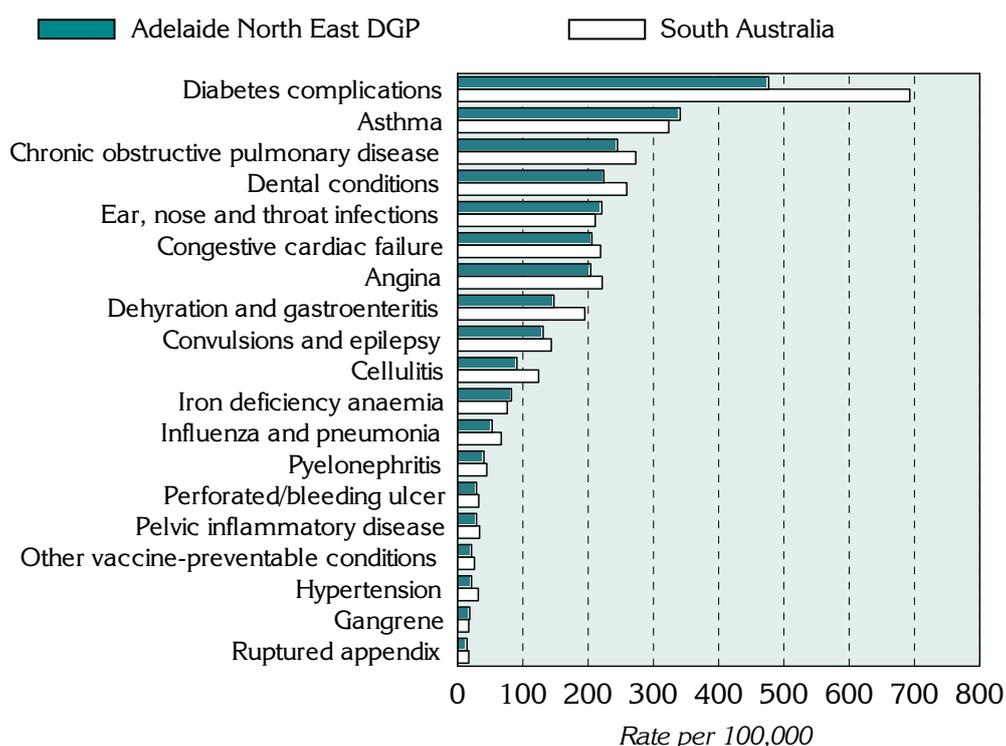
The rate of avoidable hospitalisations in Adelaide North East DGP is markedly lower, a rate of 2,528.1 admissions per 100,000 population, compared to both South Australia (a rate of 2,915.7), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, asthma and chronic obstructive pulmonary disease, were the three conditions with the highest rates of avoidable hospitalisations in the Adelaide North East 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. 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, ear, nose and throat infections have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Adelaide North East DGP and South Australia, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Adelaide North East DGP, South Australia and Australia, 2001/02

Sub-category/ condition	Adelaide North East DGP		South Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	150	74.0	1,466	92.9	16,573	85.4
Influenza and pneumonia	107	52.8	1,075	67.0	13,021	67.1
Other vaccine preventable	43	21.2	391	25.9	3,552	18.3
Chronic³	3,226	1,575.9	30,607	1,837.6	352,545	1,816
Diabetes complications	990	476.5	11,640	692.9	141,345	728.1
Iron deficiency anaemia	171	82.4	1,271	76.1	16,451	84.7
Hypertension	44	21.2	532	31.6	6,354	32.7
Congestive heart failure	417	205.8	3,900	219.1	42,447	218.6
Angina	423	204.0	3,778	221.6	49,963	257.4
Chronic obstructive pulmonary disease	507	244.9	4,710	272.9	54,853	282.6
Asthma	674	341.1	4,776	323.4	41,009	211.3
Acute	1,898	946.2	16,405	1,077.6	200,913	1,035
Dehydration and gastroenteritis	306	147.6	3,111	194.8	37,766	194.5
Convulsions and epilepsy	262	130.9	2,153	143.6	31,137	160.4
Ear, nose and throat infections	430	221.1	3,046	210.9	32,075	165.2
Dental conditions	444	224.1	3,831	259.2	43,667	224.9
Perforated/bleeding ulcer	60	29.1	555	32.5	5,795	29.9
Ruptured appendix	29	14.5	255	17.0	3,866	19.9
Pyelonephritis	83	40.2	681	44.7	7,386	38.0
Pelvic inflammatory disease	60	29.1	497	33.7	6,547	33.7
Cellulitis	186	91.0	1,987	124.1	28,204	145.3
Gangrene	38	18.6	289	17.1	4,470	23.0
Total avoidable hospitalisations⁴	5,161	2,528.1	47,247	2,915.7	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 (70.3%) of all deaths in Adelaide North East DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, consistent with the proportion for Adelaide (71.0%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 30.4% of all deaths at ages 0 to 74 years in Adelaide North East DGP, compared to 29.2% in Adelaide.

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

Mortality category	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	1,795	185.3	11,086	202.8	15,938	210.4	189,845	211.8
% of total	70.3	..	71.0	..	71.4	..	71.5	..
(Amenable)	(775)	(79.9)	(4,563)	(82.9)	(6,556)	(85.9)	(76,249)	(85.1)
(% of total)	(30.4)	(..)	(29.2)	(..)	(29.4)	(..)	(28.7)	(..)
Unavoidable	756	78.1	4,532	82.6	6,369	83.7	75,582	84.3
% of total	29.6	..	29.0	..	28.6	..	28.5	..
Total mortality	2,552	263.5	15,619	285.4	22,307	294.1	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. Adelaide North East DGP's rate of avoidable mortality for males was 229.4 deaths per 100,000 males, higher than the rate of 140.5 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 84.7, compared to 75.0 for females, a rate ratio of 1.13 (Figure 9, Table 9).

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

Note: the different scales

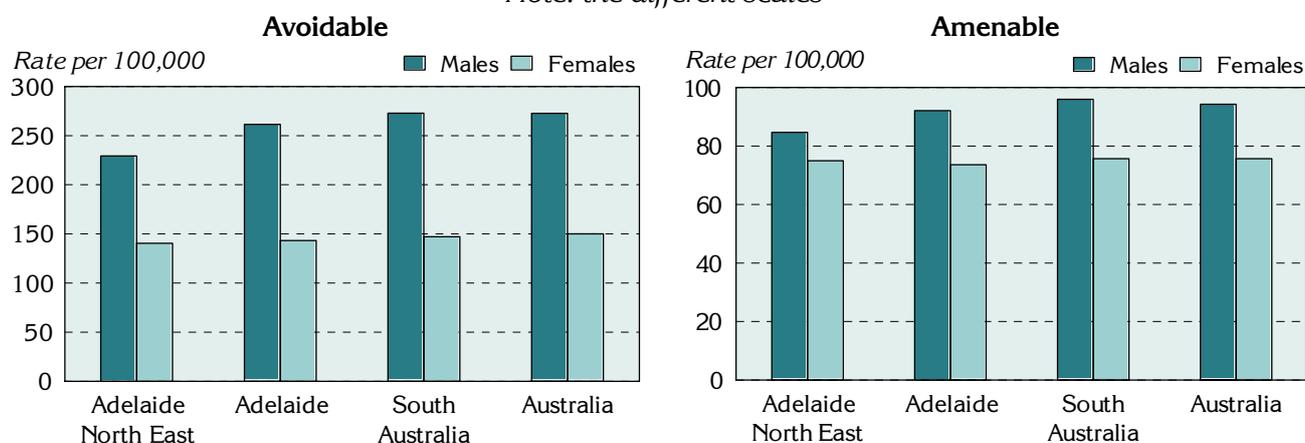


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Adelaide North East DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category and sex	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,110	229.4	7,067	261.5	10,326	272.8	123,026	272.6
Females	686	140.5	4,019	143.3	5,612	147.2	66,819	150.1
Total	1,795	185.3	11,086	202.8	15,938	210.4	189,845	211.8
Rate ratio–M:F²	..	1.63**	..	1.82**	..	1.85**	..	1.82**
Amenable								
Males	409	84.7	2,503	92.1	3,671	96.0	42,568	94.3
Females	366	75.0	2,060	73.6	2,884	75.7	33,681	75.7
Total	775	79.9	4,563	82.9	6,556	85.9	76,249	85.1
Rate ratio–M:F²	..	1.13	..	1.25**	..	1.27**	..	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 Adelaide North East DGP, Adelaide, South Australia 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 70.8% of total YLL (0 to 74 years) for Adelaide North East DGP, marginally lower than the 71.3% for Adelaide. The proportion of YLL from amenable mortality of 30.0% for Adelaide North East DGP was higher than the 28.5% for Adelaide.

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

Mortality category	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	31,155	70.8	189,430	71.3	273,135	71.8	3,327,375	71.9
(Amenable)	(13,212)	(30.0)	(75,612)	(28.5)	(108,777)	(28.6)	(1,298,430)	(28.0)
Unavoidable	12,818	29.2	76,164	28.7	107,223	28.2	1,303,289	28.1
Total	43,973	100.0	265,594	100.0	380,358	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 1,226.2 deaths per 100,000 population in the Adelaide North East 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 261.8 in Adelaide North East Division.

Table 11: Avoidable and amenable mortality by age, Adelaide North East DGP, Adelaide, South Australia and Australia, 1997 to 2001

Mortality category and age (years)	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	44	22.6	234	23.1	352	24.2	5,669	28.8
15-24	58	40.8	364	47.7	523	52.4	7,045	52.8
25-44	224	73.0	1,383	85.0	1,979	88.8	24,356	83.9
45-64	614	261.8	3,490	283.6	5,130	297.8	64,282	304.9
65-74	856	1,226.2	5,616	1322.6	7,954	1354.8	88,493	1,358.1
Total	1,795	185.3	11,086	202.8	15,938	210.4	189,845	211.8
Amenable								
0-24	46	14.0	223	12.9	324	13.3	5,083	15.4
25-44	65	21.4	361	22.1	507	22.6	5,946	20.5
45-64	282	119.5	1,538	124.3	2,248	130.1	27,464	130.3
65-74	382	547.2	2,441	572.8	3,477	591.6	37,756	579.4
Total	775	79.9	4,563	82.9	6,556	85.9	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 Adelaide North East DGP were for cancer, with a rate of 62.1 deaths per 100,000 population, and cardiovascular diseases, 58.6 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 44.0 per 100,000 population and 19.2 per 100,000, respectively.

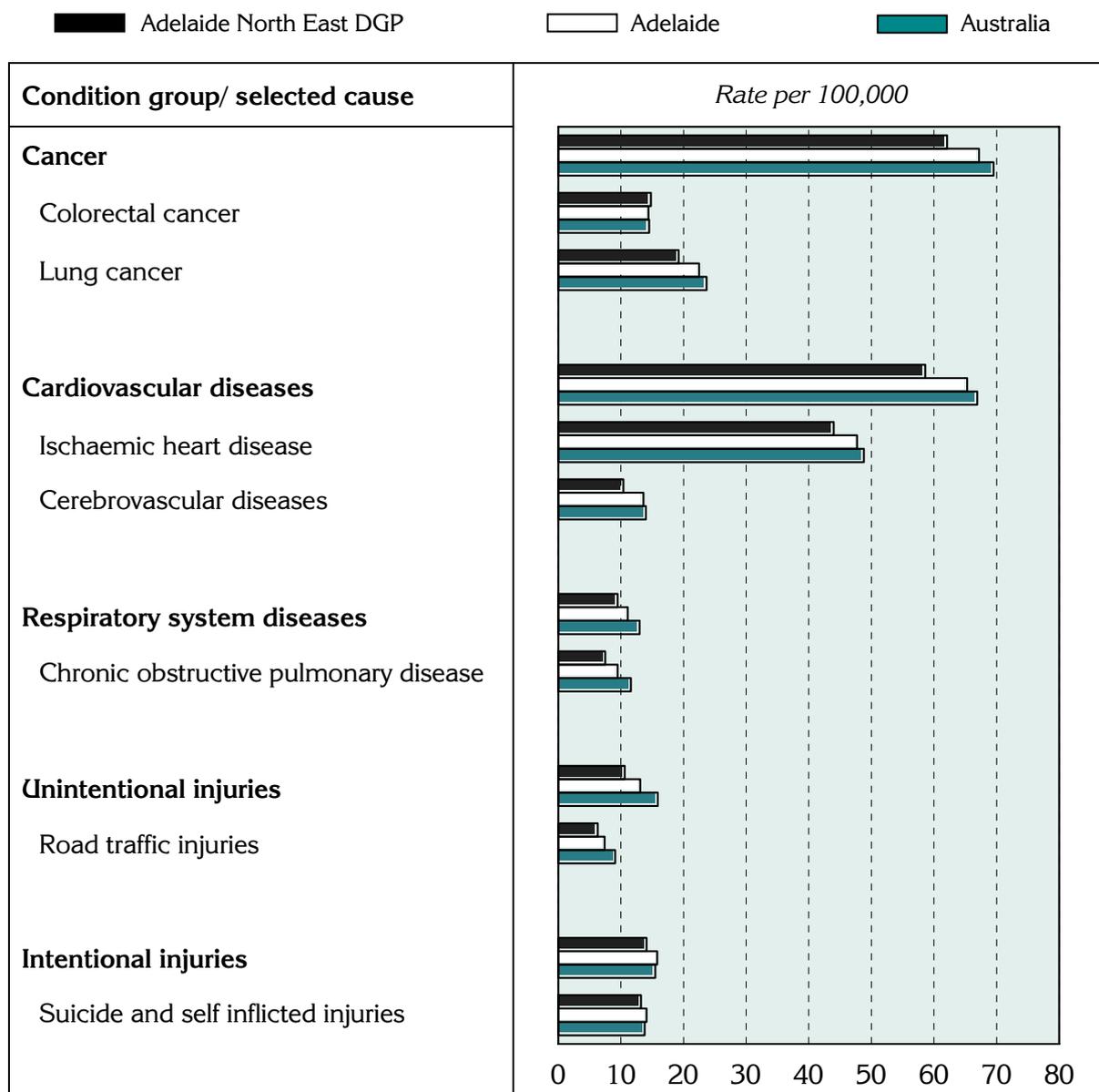
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Adelaide North East DGP, Adelaide, South Australia and Australia, 1997 to 2001

Condition group/ selected cause	Adelaide North East DGP		Adelaide		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	607	62.1	3,720	67.2	5,209	67.8	62,338	69.5
Colorectal cancer	144	14.8	796	14.4	1,142	14.8	13,008	14.5
Lung cancer	187	19.2	1,251	22.5	1,728	22.3	21,208	23.7
Cardiovascular diseases	567	58.6	3,655	65.3	5,324	68.5	59,945	66.9
Ischaemic heart disease	426	44.0	2,658	47.7	3,918	50.5	43,712	48.8
Cerebrovascular diseases	101	10.4	770	13.6	1,086	13.9	12,558	14.0
Respiratory system diseases	93	9.5	627	11.1	897	11.4	11,612	13.0
Chronic obstructive pulmonary disease	73	7.5	544	9.5	783	9.9	10,395	11.6
Unintentional injuries	101	10.6	673	13.1	1,085	15.5	14,224	15.9
Road traffic injuries	60	6.3	380	7.4	687	9.9	8,138	9.1
Intentional injuries	135	14.1	809	15.8	1,138	16.3	13,891	15.5
Suicide and self inflicted injuries	127	13.2	725	14.1	1,018	14.5	12,393	13.8

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

For all of the condition groups and selected causes, rates in the Division were below, or consistent with, those for Adelaide and Australia (Figure 10).

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



Notes on the data

Data sources and limitations

General

References to 'Adelaide' relate to the Adelaide 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 (i.e. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Adelaide North East 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, most Local Government Areas (LGAs) have been split into SLAs. For example, Port Adelaide Enfield is comprised of two SLAs - East (all of which is in the Division) and Inner (a majority of which is in the Division). These SLAs, and all or parts of the other SLAs listed in Table 14, comprise the Division.

Table 14: SLAs and population in Adelaide North East 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
40125	Adelaide Hills - North	44.1	2,988
40911	Campbelltown - East	17.0	4,710
40914	Campbelltown - West	11.2	2,180
41068	Charles Sturt - North East	0.9	233
45291	Norwood Payneham St. Peters - East	41.9	6,815
45891	Port Adelaide Enfield - East	100.0	30,492
45894	Port Adelaide Enfield - Inner	74.0	14,236
46510	Prospect	62.3	11,954
47144	Salisbury - North-East	29.7	6,521
47146	Salisbury - South-East	69.1	25,445
47701	Tea Tree Gully - Central	98.3	26,080
47704	Tea Tree Gully - Hills	100.0	12,385
47705	Tea Tree Gully - North	98.1	27,412
47708	Tea Tree Gully - South	94.5	31,277
48260	Walkerville	70.0	4,954

* 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. In addition, in a small number of cases, part(s) of an SLA can be allocated to another Division, sometimes several hundred kilometres away. Although adjustments have not been made to the concordance to correct these errors, the affected SLAs are highlighted in the table (shown in bold italic typeface)

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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