

Population health profile of the Barossa

Division of General Practice: supplement

Population Profile Series: No. 91a

PHIDU

March 2007



PHIDU



Australian Government

Australian Institute of
Health and Welfare



THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

© Commonwealth of Australia 2007

This work may be reproduced and used subject to acknowledgement of the source of any material so reproduced.

National Library of Australia Cataloguing in Publication entry

Population health profile of the Barossa Division of General Practice: supplement.

Bibliography.

ISBN 9 78073089 6876 (web).

1. Public health - South Australia - Barossa Valley - Statistics. 2. Health status indicators - South Australia - Barossa Valley - Statistics. 3. Health service areas - South Australia - Barossa Valley. 4. Barossa Valley (S. Aust.) - Statistics, Medical. I. Public Health Information Development Unit (Australia). (Series : Population profile series ; no. 91a).

362.10994232

ISSN 1833-0452 Population Profile Series

Public Health Information Development Unit, The University of Adelaide *A Collaborating Unit of the Australian Institute of Health and Welfare*

This profile was produced by PHIDU, the Public Health Information Development Unit at The University of Adelaide, South Australia. The work was funded under a grant from the Australian Government Department of Health and Ageing. The views expressed in this profile are solely those of the authors and should not be attributed to the Department of Health and Ageing or the Minister for Health and Ageing.

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.

Suggested citation:

PHIDU. (2007) *Population health profile of the Barossa Division of General Practice: supplement*. Population Profile Series: No. 91a. Public Health Information Development Unit (PHIDU), Adelaide.

Enquiries about or comments on this publication should be addressed to:

PHIDU, The University of Adelaide, South Australia 5005
Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au

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

Published by Public Health Information Development Unit, The University of Adelaide

Contributors: Anthea Page, Sarah Ambrose, Kristin Leahy and John Glover

Population health profile of the Barossa Division of General Practice: supplement

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

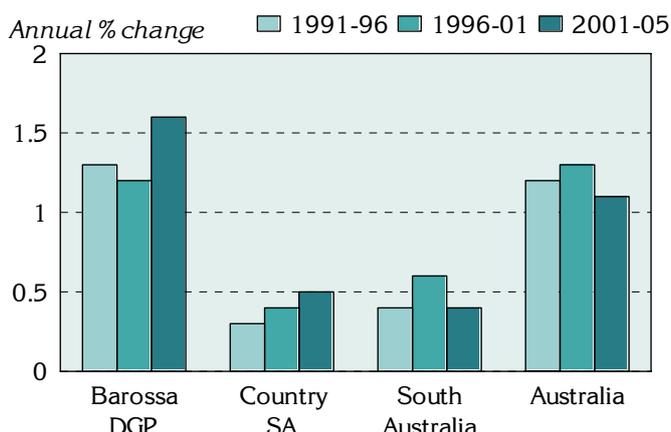
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Barossa Division had an Estimated Resident Population of 37,523 at 30 June 2005.

Figure 1: Annual population change, Barossa DGP, country South Australia, South Australia and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



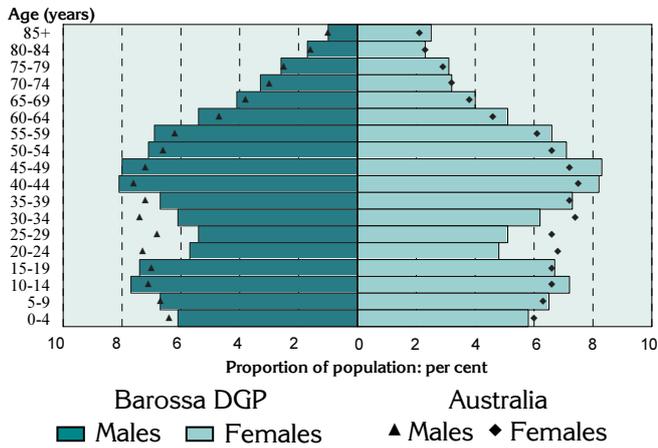
Over the five years from 1991 to 1996, the Division's population increased by 1.3% on average each year, well above that in country South Australia (0.3%) and South Australia (0.4%). From 1996 to 2001, the annual percentage increase in the Division was 1.2%, again well above that for country South Australia (0.4%) and South Australia (0.6%). The Division's growth rate of 1.6% per year on average from 2001 to 2005 continued at well above the annual increases for country South Australia (0.5%) and for South Australia (0.4%).

Table 1: Population by age, Barossa DGP and Australia, 2005

Age group (years)	Barossa DGP		Australia	
	No.	%	No.	%
0-14	7,528	20.1	3,978,221	19.6
15-24	4,610	12.3	2,819,834	13.9
25-44	9,955	26.5	5,878,107	28.9
45-64	10,232	27.3	4,984,446	24.5
65-74	2,752	7.3	1,398,831	6.9
75-84	1,792	4.8	954,143	4.7
85+	655	1.7	315,027	1.5
Total	37,523	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Barossa DGP had fewer young people aged 15 to 24 years (12.3%) and people aged 25 to 44 years (26.5%) than Australia as a whole (with 13.9% and 28.9%) (Table 1). Conversely, the proportions of the Division's population aged 45 years and over were higher than for Australia.

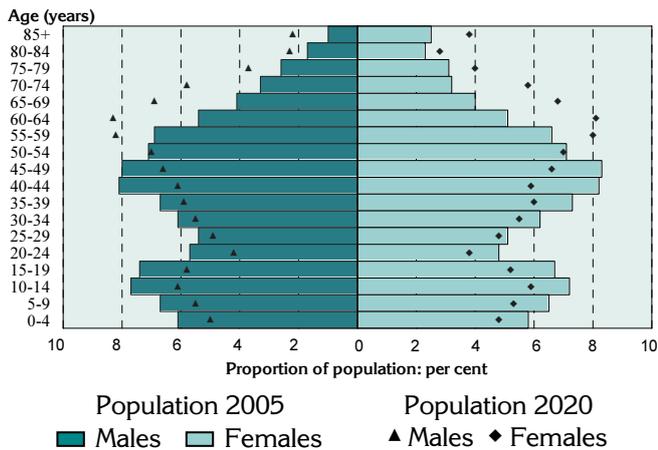
Figure 2: Population in Barossa DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively more females aged 5 to 14 years, and males aged 10 to 19 years;
- from 20 to 39 years – markedly fewer males and females (to 34 years);
- from 40 to 79 years – relatively more males and females; and
- at the oldest ages – relatively more females aged 85 years and over.

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



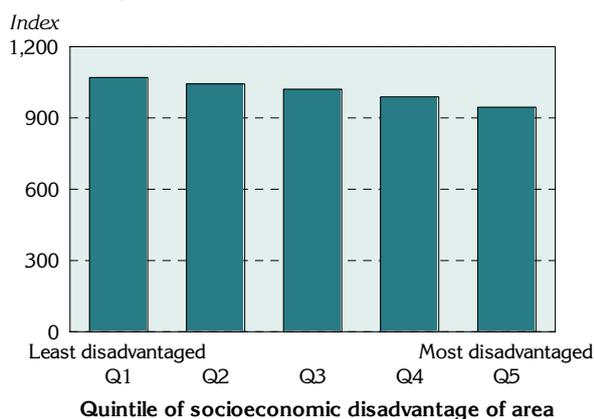
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – relatively fewer children and young people aged 0 to 19 years;
- from 20 to 54 years – fewer males and females; and
- from 55 years onwards – relatively more males and females, and substantially more between 60 and 74 years.

Additional socio-demographic indicators

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



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

The Barossa DGP has an index score of 1011, above the score for Australia of 1000: this score varies across the Division, with a relatively narrow range, from 944 in the most disadvantaged areas to 1070 in the least disadvantaged areas.

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

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. There were markedly fewer jobless families in the Barossa DGP (12.1%), compared to country South Australia as a whole (17.5%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a notably higher proportion of people with private health insurance (50.5%), compared to country South Australia (43.5%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Barossa DGP, country South Australia, South Australia and Australia, 2001

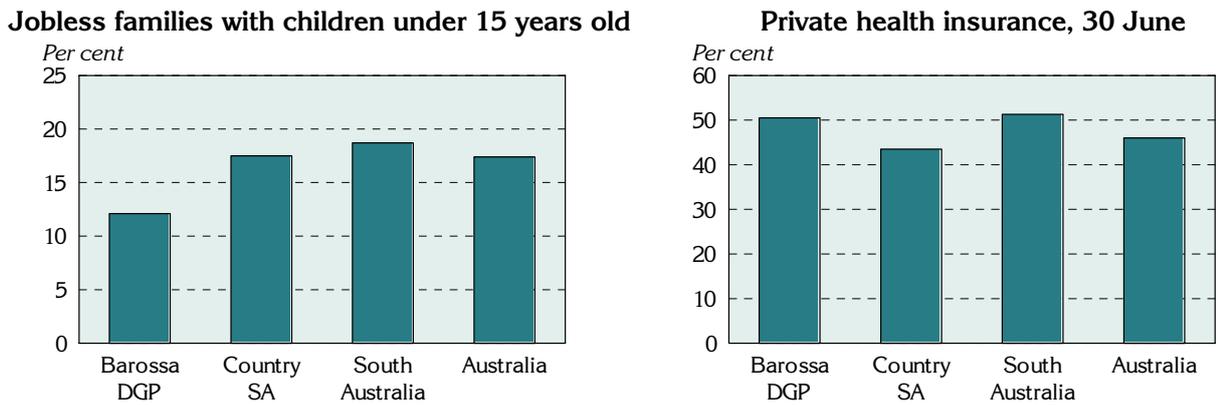
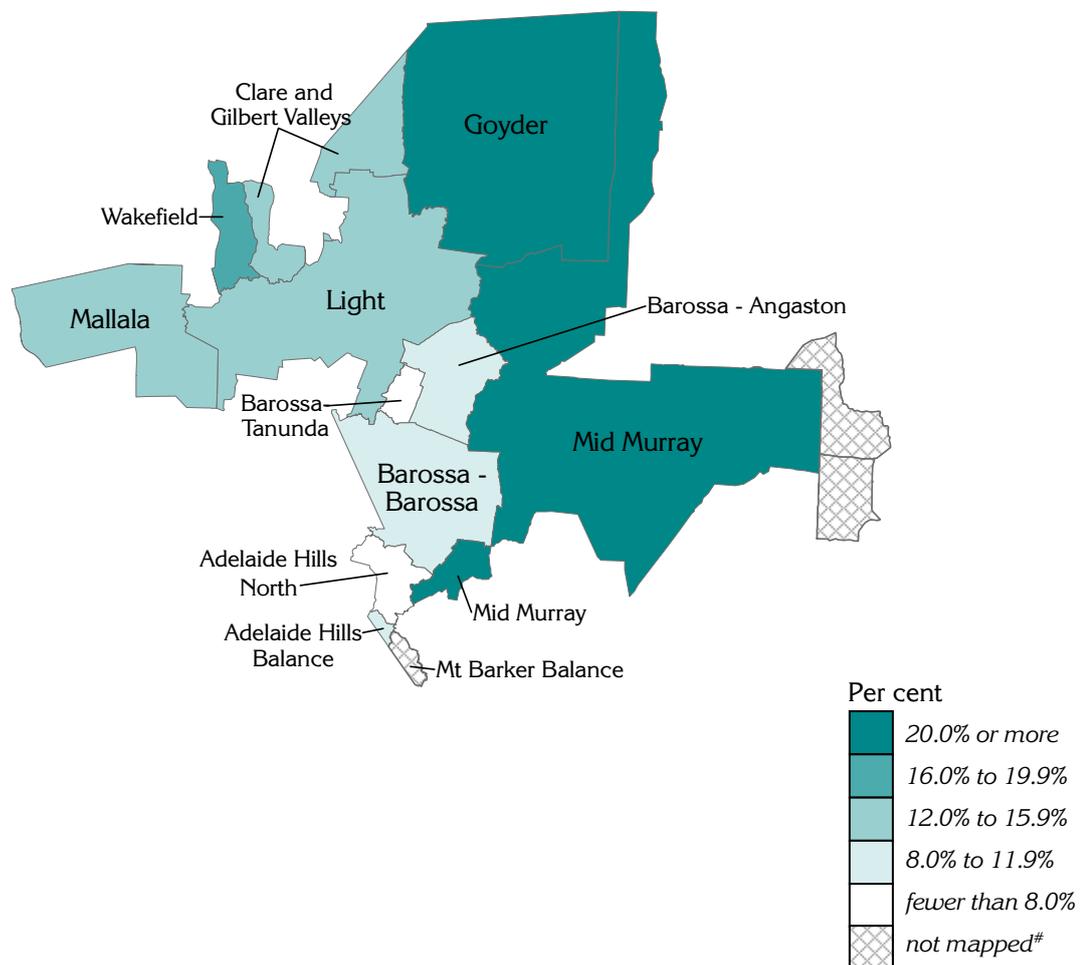


Table 2: Socio-demographic indicators, Barossa DGP, country South Australia, South Australia and Australia, 2001

Indicator	Barossa DGP		Country SA		South Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	470	12.1	7,725	17.5	29,203	18.7	357,563	17.4
Private health insurance (30 June)	17,188	50.5	173,066	43.5	754,598	51.3	8,671,106	46.0

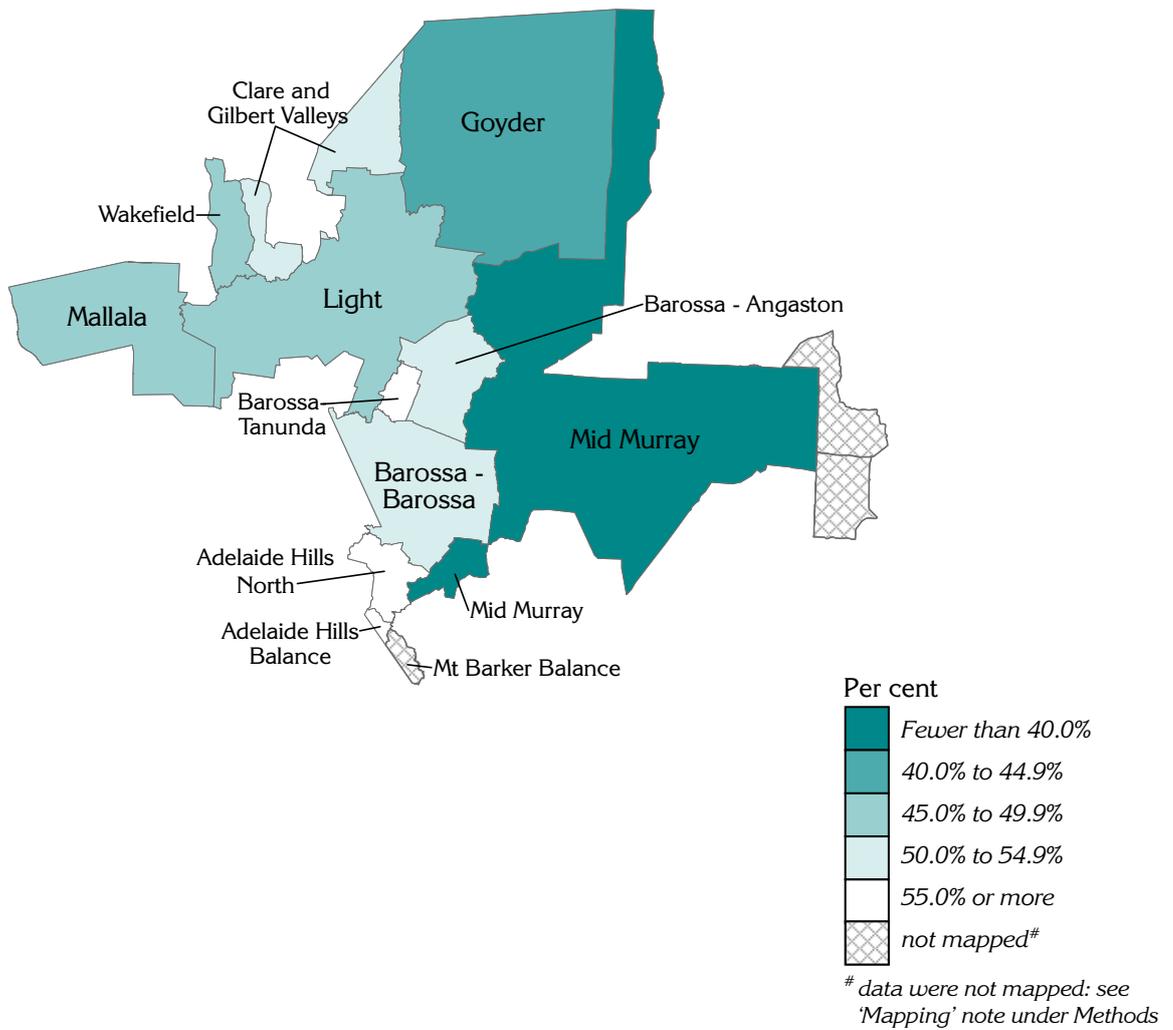
Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

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



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

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



GP services to residents of the Barossa 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 under three quarters (73.6%) of all unreferral attendances to residents of Barossa DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 120,314 GP unreferral attendances (Table 3). A further 15.0% of unreferral attendances to residents were provided by GPs with a provider number in Adelaide Northern DGP, with 2.4% provided by GPs in Adelaide Hills DGP.

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

Division		Unreferral attendances	
Number	Name	No.	% ³
506	Barossa DGP	120,314	73.6
502	Adelaide Northern DGP	24,505	15.0
514	Adelaide Hills DGP	3,863	2.4
504	Adelaide Central and Eastern DGP	3,477	2.1
503	Adelaide North East DGP	3,120	1.9
508	Mid North Rural DGP	1,791	1.1
501	Adelaide Western DGP	1,556	1.0
Other	..	4,810	2.9
Total	..	163,436	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 506 by Division in which attendance occurred

The majority (87.3%) of unreferral attendances provided by GPs with a provider number in Barossa DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 3.2% of unreferral attendances by GPs in the Division were to people living in Adelaide Northern DGP, with 2.9% to residents of Mid North Rural DGP.

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

Division		Unreferral attendances	
Number	Name	No.	% ³
506	Barossa DGP	120,314	87.3
502	Adelaide Northern DGP	4,413	3.2
508	Mid North Rural DGP	3,938	2.9
514	Adelaide Hills DGP	2,693	2.0
509	Riverland DGP	1,332	1.0
513	Murray Mallee DGP	1,267	0.9
503	Adelaide North East DGP	1,037	0.8
Other	..	2,897	2.0
Total	..	137,891	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 506 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Barossa 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 Barossa DGP who had asthma and were smokers, compared to Australia as a whole, although fewer than in country South Australia (Figure 6, Table 5): that is, the rate per 1,000 population was higher than the national rate. However, there were relatively fewer people in Barossa DGP who had type 2 diabetes and were overweight/ obese, compared to country South Australia or Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Barossa DGP, country South Australia and Australia, 2001

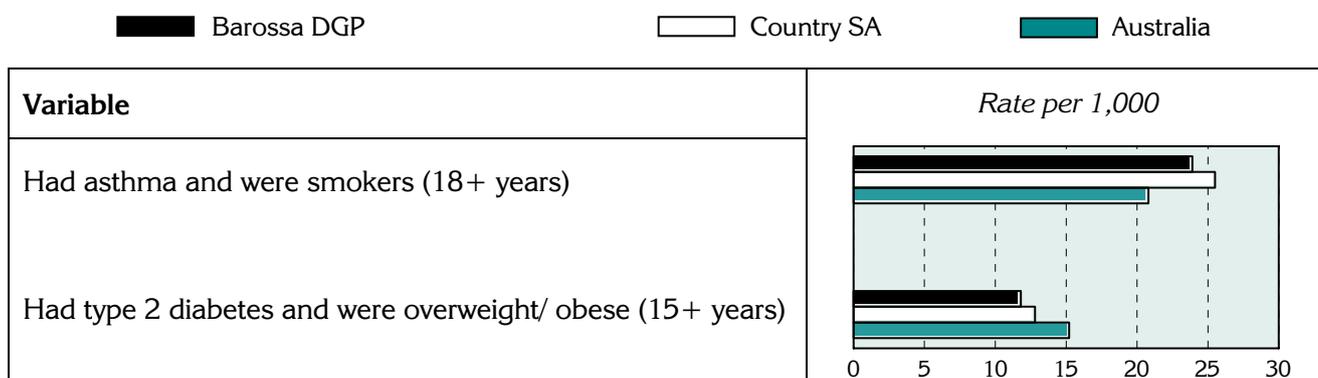


Table 5: Estimates of selected chronic diseases and risk factors, Barossa DGP, country South Australia, South Australia and Australia, 2001

Variable	Barossa DGP		Country SA		South Australia		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	757	23.9	9,057	25.5	32,487	22.3	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	429	11.8	5,425	12.8	23,187	14.9	283,176	15.2

¹ No. is a weighted estimate of the number of people in Barossa 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 956 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.3% of all admissions in the Barossa DGP (Table 6, Figure 7), consistent with the levels in South Australia (8.5) and Australia (8.7%).

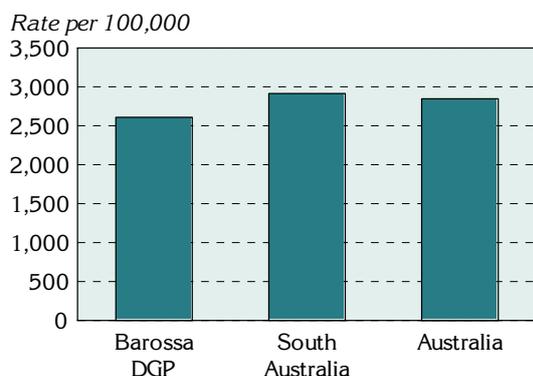
Table 6: Avoidable¹ and unavoidable hospitalisations, Barossa DGP, South Australia, and Australia, 2001/02

Category	Barossa DGP			South Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	956	2,609.1	8.3	47,247	2,915.7	8.5	552,786	2,847.5	8.7
Unavoidable	10,601	29,513.5	91.7	507,053	32,039.4	91.5	5,818,199	29,970.7	91.3
Total	11,556	32,119.1	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, Barossa DGP, South Australia and Australia, 2001/02



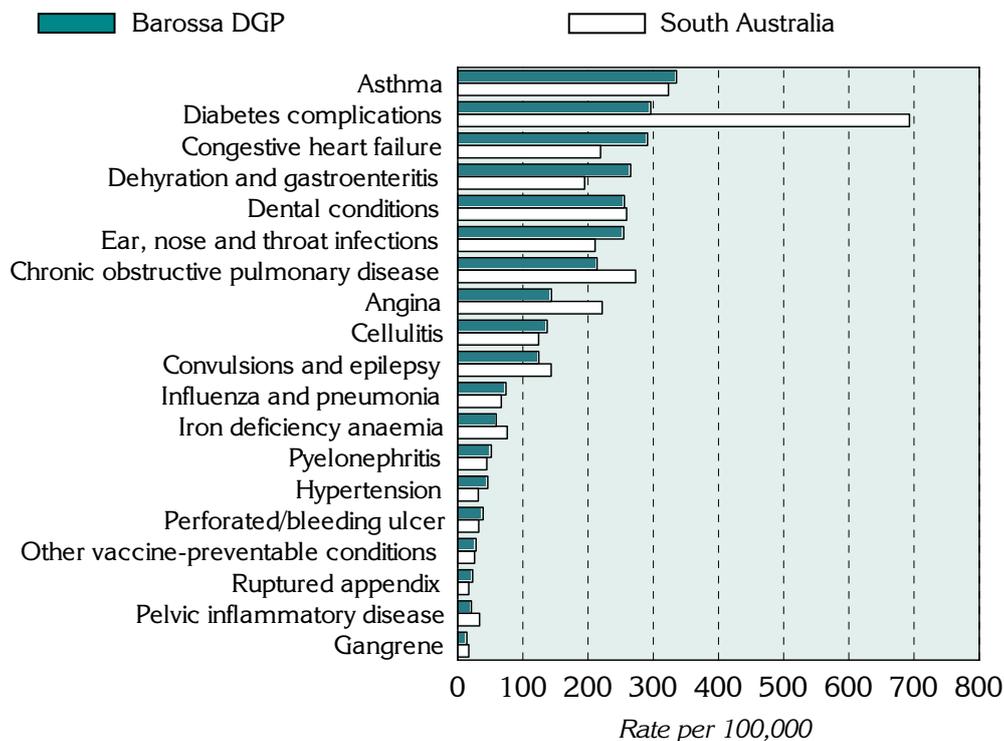
The rate of avoidable hospitalisations in Barossa DGP is lower, a rate of 2,609.1 admissions per 100,000 population, compared to both South Australia (a rate of 2,915.7), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Asthma, diabetes complications and congestive heart failure were the three conditions with the highest rates of avoidable hospitalisations in the Barossa DGP (Figure 8, Table 7): the rate in the Division for diabetes complications was less than half the State rate.

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 asthma and diabetes complications. Dehydration and gastroenteritis, and dental conditions have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Barossa 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, Barossa DGP, South Australia and Australia, 2001/02

Sub-category/ condition	Barossa DGP		South Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	37	102.4	1,466	92.9	16,573	85.4
Influenza and pneumonia	27	74.1	1,075	67.0	13,021	67.1
Other vaccine preventable	10	28.3	391	25.9	3,552	18.3
Chronic³	516	1,386.1	30,607	1,837.6	352,545	1,816
Diabetes complications	112	296.1	11,640	692.9	141,345	728.1
Iron deficiency anaemia	22	59.2	1,271	76.1	16,451	84.7
Hypertension	17	46.2	532	31.6	6,354	32.7
Congestive heart failure	112	291.3	3,900	219.1	42,447	218.6
Angina	55	143.9	3,778	221.6	49,963	257.4
Chronic obstructive pulmonary disease	81	213.7	4,710	272.9	54,853	282.6
Asthma	117	335.7	4,776	323.4	41,009	211.3
Acute	417	1,186.8	16,405	1,077.6	200,913	1,035
Dehydration and gastroenteritis	94	265.4	3,111	194.8	37,766	194.5
Convulsions and epilepsy	44	124.5	2,153	143.6	31,137	160.4
Ear, nose and throat infections	87	254.9	3,046	210.9	32,075	165.2
Dental conditions	90	255.7	3,831	259.2	43,667	224.9
Perforated/bleeding ulcer	15	39.2	555	32.5	5,795	29.9
Ruptured appendix	8	23.0	255	17.0	3,866	19.9
Pyelonephritis	17	51.6	681	44.7	7,386	38.0
Pelvic inflammatory disease	7	21.0	497	33.7	6,547	33.7
Cellulitis	50	137.3	1,987	124.1	28,204	145.3
Gangrene	5	14.2	289	17.1	4,470	23.0
Total avoidable hospitalisations⁴	956	2,609.1	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.

Just over two thirds (67.6%) of all deaths in Barossa DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, lower than the proportion for country South Australia (72.5%) (Table 8). However, the rate in the Division is markedly lower than that in country South Australia, a differential of 0.80.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 26.9% of all deaths at ages 0 to 74 years in Barossa DGP, compared to 29.8% in country South Australia.

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

Mortality category	Barossa DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	317	183.8	4,852	230.3	15,938	210.4	189,845	211.8
% of total	67.6	..	72.5	..	71.4	..	71.5	..
(Amenable)	(126)	(72.6)	(1,993)	(93.6)	(6,556)	(85.9)	(76,249)	(85.1)
(% of total)	(26.9)	(..)	(29.8)	(..)	(29.4)	(..)	(28.7)	(..)
Unavoidable	152	87.5	1,837	86.5	6,369	83.7	75,582	84.3
% of total	32.4	..	27.5	..	28.6	..	28.5	..
Total mortality	469	271.4	6,688	316.8	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. Barossa DGP's rate of avoidable mortality for males was 224.7 deaths per 100,000 males, higher than the rate of 143.1 for females. Similarly, the rate of amenable mortality for males in the Division was higher, however only slightly, 73.4, compared to 72.4 for females, a rate ratio of 1.01 (Figure 9, Table 9).

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

Note: the different scales

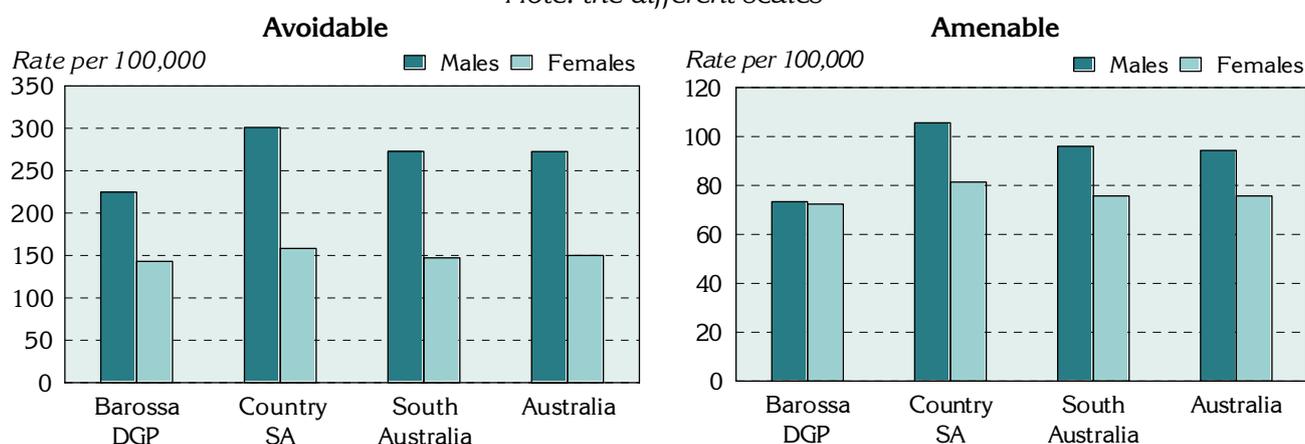


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Barossa DGP, country South Australia, South Australia and Australia, 1997 to 2001

Mortality category and sex	Barossa DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	200	224.7	3,259	300.9	10,326	272.8	123,026	272.6
Females	117	143.1	1,593	158.3	5,612	147.2	66,819	150.1
Total	317	183.8	4,852	230.3	15,938	210.4	189,845	211.8
Rate ratio–M:F²	..	1.57**	..	1.90**	..	1.85**	..	1.82**
Amenable								
Males	66	73.4	1,169	105.6	3,671	96.0	42,568	94.3
Females	60	72.4	824	81.4	2,884	75.7	33,681	75.7
Total	126	72.6	1,993	93.6	6,556	85.9	76,249	85.1
Rate ratio–M:F²	..	1.01	..	1.30**	..	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 Barossa DGP, country South Australia, 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 68.3% of total YLL (0 to 74 years) for Barossa DGP, lower than the 72.9% for country South Australia. The proportion of YLL from amenable mortality of 26.0% for Barossa DGP was lower than the 28.9% for country South Australia.

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

Mortality category	Barossa DGP		Country SA		South Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	5,549	68.3	83,705	72.9	273,135	71.8	3,327,375	71.9
(Amenable)	(2,109)	(26.0)	(33,165)	(28.9)	(108,777)	(28.6)	(1,298,430)	(28.0)
Unavoidable	2,574	31.7	31,059	27.1	107,223	28.2	1,303,289	28.1
Total	8,123	100.0	114,764	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 1,177.1 deaths per 100,000 population in the Barossa 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 of 246.0 in the Barossa Division.

Table 11: Avoidable and amenable mortality by age, Barossa DGP, country South Australia, South Australia and Australia, 1997 to 2001

Mortality category and age (years)	Barossa DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	8	21.8	118	26.8	352	24.2	5,669	28.8
15-24	16	81.5	159	67.5	523	52.4	7,045	52.8
25-44	39	76.5	596	99.3	1,979	88.8	24,356	83.9
45-64	103	246.0	1,640	333.3	5,130	297.8	64,282	304.9
65-74	151	1,177.1	2,338	1439.0	7,954	1354.8	88,493	1,358.1
Total	317	183.8	4,852	230.3	15,938	210.4	189,845	211.8
Amenable								
0-24	7	12.4	101	14.1	324	13.3	5,083	15.4
25-44	11	19.8	146	23.8	507	22.6	5,946	20.5
45-64	42	101.1	710	144.8	2,248	130.1	27,464	130.3
65-74	66	521.4	1,036	641.3	3,477	591.6	37,756	579.4
Total	126	72.6	1,993	93.6	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 Barossa DGP were for cancer, a rate of 56.3 deaths per 100,000 population, and cardiovascular diseases, with a rate of 54.9 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 road traffic injuries, with rates of 42.4 per 100,000 population and 19.8 per 100,000, respectively.

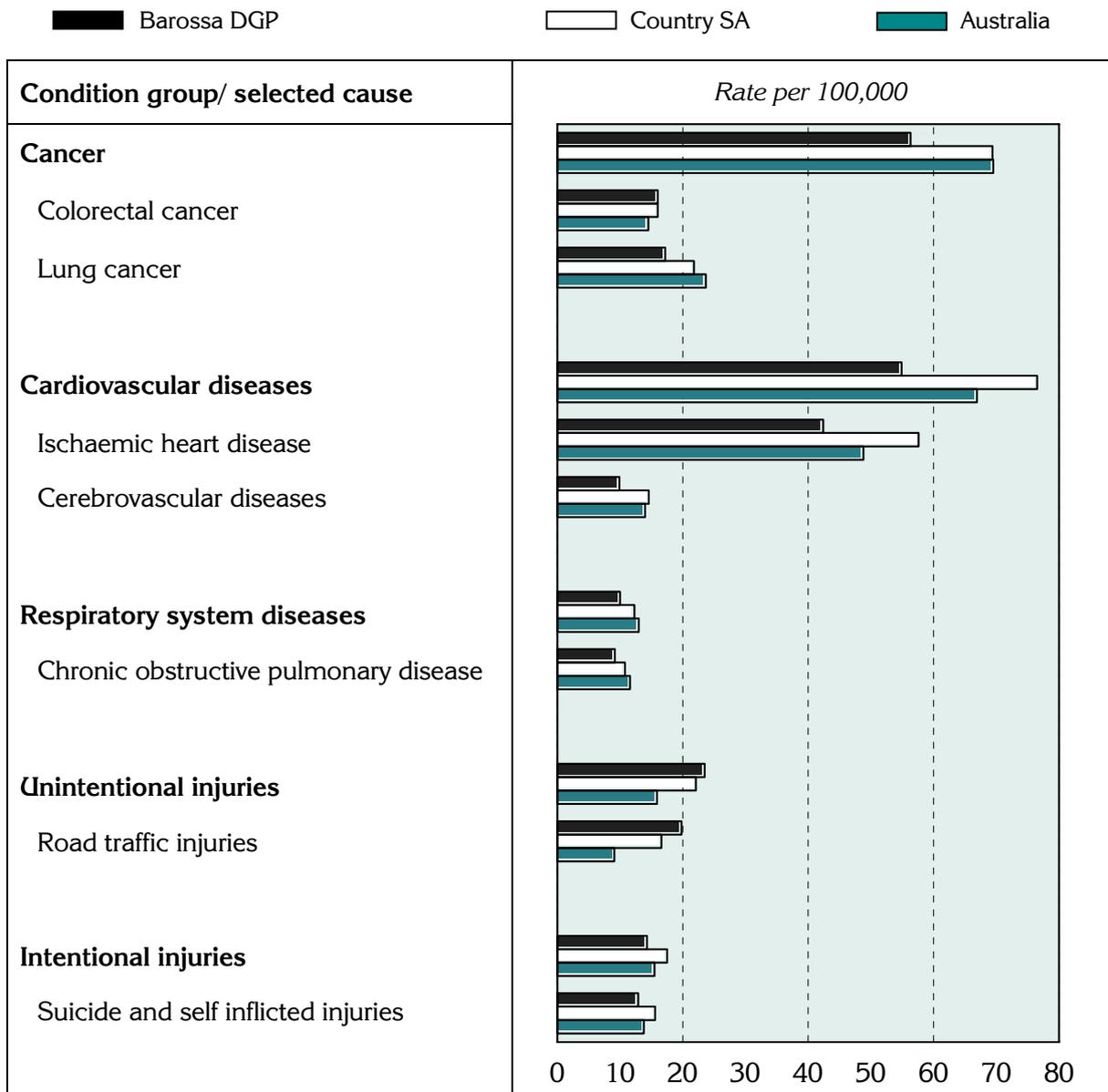
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Barossa DGP, country South Australia, South Australia and Australia, 1997 to 2001

Condition group/ selected cause	Barossa DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	99	56.3	1,489	69.4	5,209	67.8	62,338	69.5
Colorectal cancer	28	16.0	346	16.0	1,142	14.8	13,008	14.5
Lung cancer	31	17.2	477	21.8	1,728	22.3	21,208	23.7
Cardiovascular diseases	97	54.9	1,669	76.5	5,324	68.5	59,945	66.9
Ischaemic heart disease	75	42.4	1,260	57.6	3,918	50.5	43,712	48.8
Cerebrovascular diseases	17	9.9	316	14.6	1,086	13.9	12,558	14.0
Respiratory system diseases	18	10.0	270	12.3	897	11.4	11,612	13.0
Chronic obstructive pulmonary disease	16	9.2	239	10.8	783	9.9	10,395	11.6
Unintentional injuries	37	23.5	412	22.1	1,085	15.5	14,224	15.9
Road traffic injuries	31	19.8	307	16.6	687	9.9	8,138	9.1
Intentional injuries	23	14.3	329	17.5	1,138	16.3	13,891	15.5
Suicide and self inflicted injuries	20	12.9	293	15.6	1,018	14.5	12,393	13.8

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

Rates in the Division were below those for country South Australia and Australia for all condition groups and selected causes other than colorectal cancer and unintentional injuries (Figure 10).

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



Notes on the data

Data sources and limitations

General

References to 'country South Australia' relate to South Australia excluding 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 (ie. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Barossa 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, a number of Local Government Areas (LGAs) have been split into SLAs. For example, the District Council of Barossa is comprised of three SLAs - Angaston (all of which is in the Division), Barossa (just over half of which is in the Division), and Tanunda (all in the Division). These SLAs and parts of the other SLAs listed in Table 14 comprise the Division.

Table 14: SLAs and population in Barossa 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	24.9	1,687
40128	Adelaide Hills - Balance	7.7	686
40311	Barossa - Angaston	100.0	8,069
40314	Barossa - Barossa	58.7	4,654
40315	Barossa - Tanunda	100.0	4,762
41140	Clare and Gilbert Valleys	12.5	1,032
42110	Goyder	37.8	1,558
43650	Light	72.5	8,714
43920	Mallala	38.7	3,060
44210	Mid Murray	30.2	2,538
44554	Mount Barker - Balance	0.9	#
48130	Wakefield	10.5	690

* 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

Not shown as the total population is less than 100

Acknowledgements

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

Further developments and updates

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

PHIDU contact details

For general comments, data issues or enquiries re information on the web site, please contact PHIDU:

Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au