Population health profile of the

Top End

Division of General Practice: supplement

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

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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 Top End Division of General Practice: supplement

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

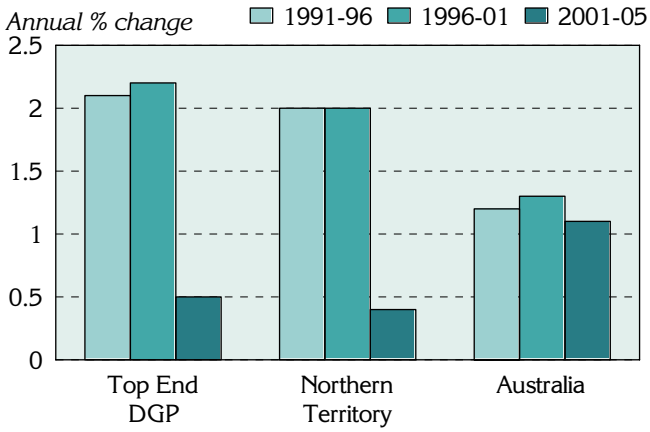
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Top End Division had an Estimated Resident Population of 157,087 at 30 June 2005.

Figure 1: Annual population change, Top End DGP, Northern Territory and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



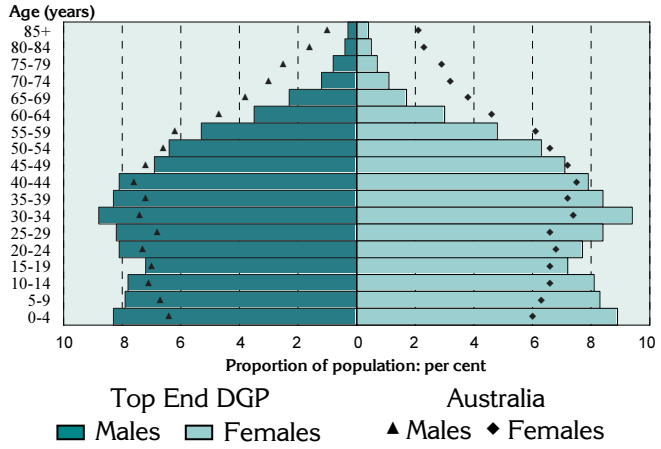
Over the five years from 1991 to 1996, the Division's population increased by 2.1% on average each year, consistent with growth in the Northern Territory (2.0%) and above that for Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 2.2%, again above that for the Northern Territory (2.0%) and Australia (1.3%). The growth rate from 2001 to 2005 was lower (0.5% per year), just above the level in the Northern Territory (0.4%) but below the growth for Australia (1.1%).

Table 1: Population by age, Top End DGP and Australia, 2005

Age group (years)	Top End DGP		Australia	
	No.	%	No.	%
0-14	38,730	24.7	3,978,221	19.6
15-24	23,715	15.1	2,819,834	13.9
25-44	53,137	33.8	5,878,107	28.9
45-64	34,194	21.8	4,984,446	24.5
65-74	4,931	3.1	1,398,831	6.9
75-84	1,889	1.2	954,143	4.7
85+	491	0.3	315,027	1.5
Total	**157,087**	**100.0**	**20,328,609**	**100.0**

As shown in the accompanying table and the age-sex pyramid below (Figure 2), Top End DGP had notably higher proportions of its population at ages below 45 years, compared to Australia as a whole. From age 45 proportions were lower.

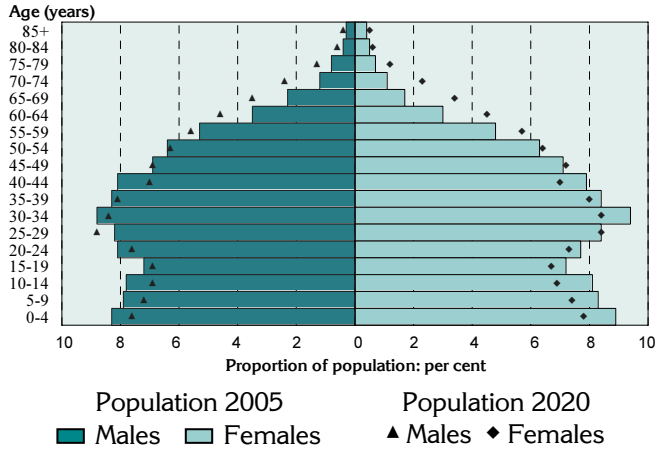
Figure 2: Population in Top End DGP and Australia, by age and sex, 2005



The age distribution of the Division's population is distinctly different from that for Australia overall. The differences are:

- at ages below 45 years – relatively more males and females (more evident for females and most pronounced at ages 0 to 14 years and 25 to 39 years); and
- at ages 45 years and over – relatively fewer males and females, again more evident for females.

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



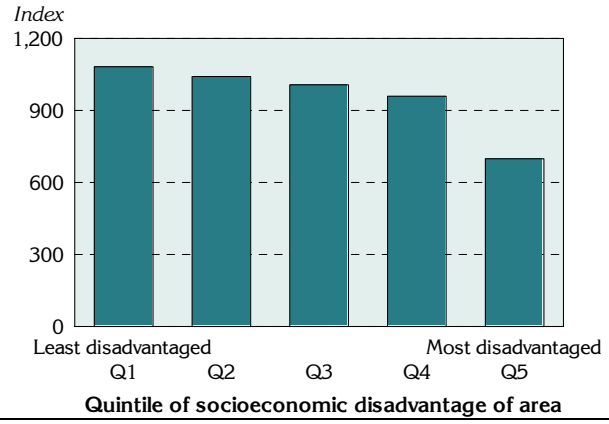
The population projections for the Division show the age distribution in 2020 is projected to be somewhat more similar to that for Australia, with:

- at ages below 45 years – relatively fewer males and females, with the exception of ages 25 to 29 years (more males and the same proportion of females);
- at ages 55 to 74 years – relatively more males and females (most pronounced at ages 60 to 74 years); and
- slightly more males aged 75 years and over, and females aged 75 to 84 years.

Additional socio-demographic indicators

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



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

The Top End DGP has an index score of 958, below the score for Australia of 1000: the score varies across the Division, over a wide range from a very low 699 in the most disadvantaged areas to 1082 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 slightly fewer jobless families in the Top End DGP (20.9%), compared to the Northern Territory overall (22.8%) (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 the population with private health insurance (31.0%), compared to Northern territory overall (28.7%), although it was substantially below the national rate (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Top End and Central Australian DGPs, Northern Territory and Australia, 2001

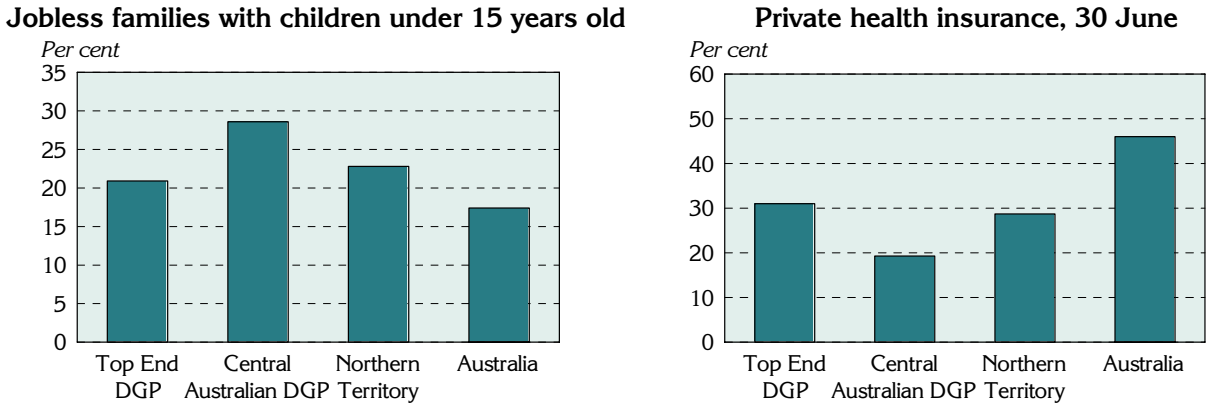
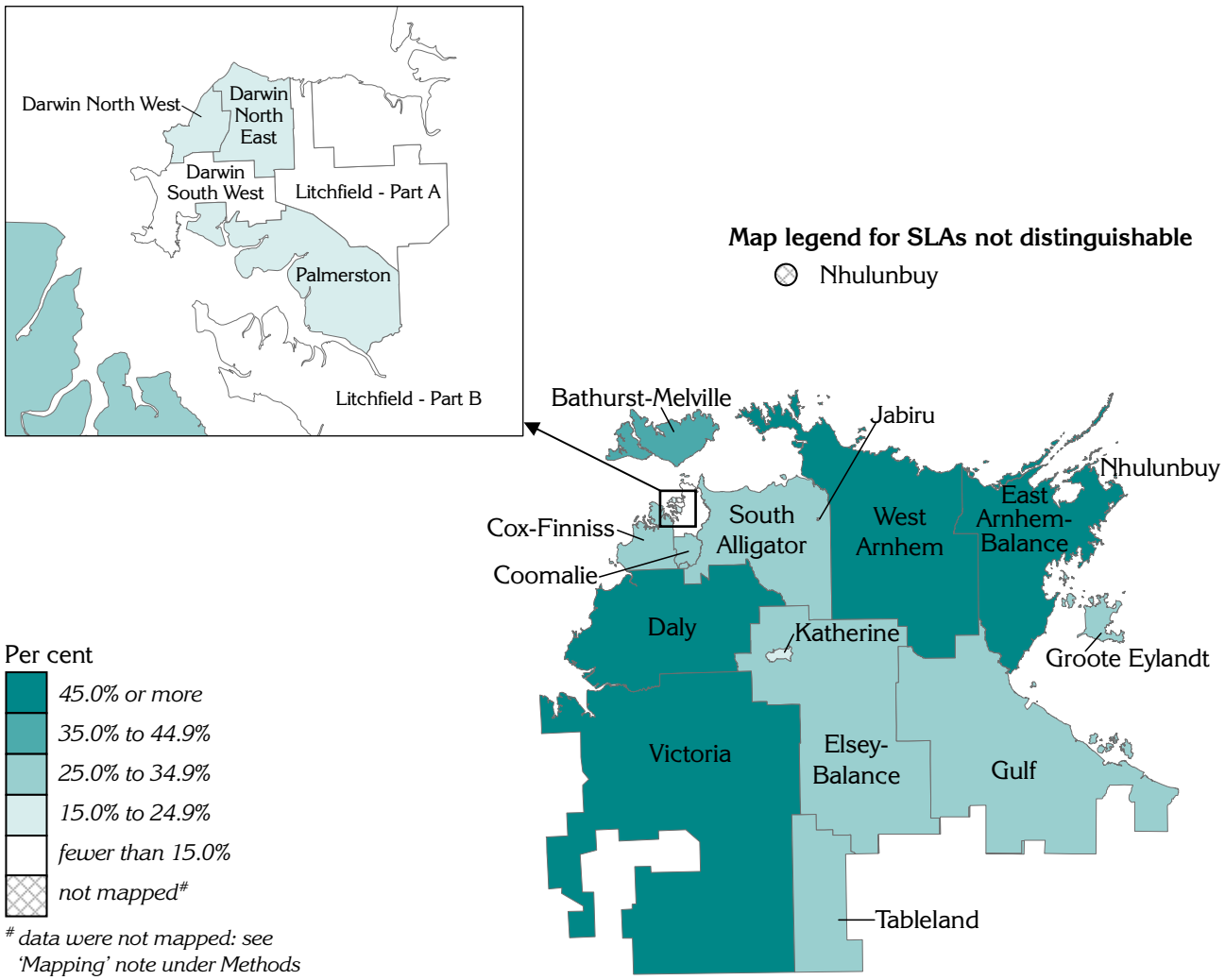


Table 2: Socio-demographic indicators, Top End and Central Australian DGPs, Northern Territory and Australia, 2001

Indicator	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	3,694	20.9	1,547	28.6	5,218	22.8	357,563	17.4
Private health insurance (30 June)	48,907	31.0	10,017	19.3	58,755	28.7	8,671,106	46.0

Although the overall level in the Division of jobless families is relatively low, there are substantial variations at the SLA level (Map 1).

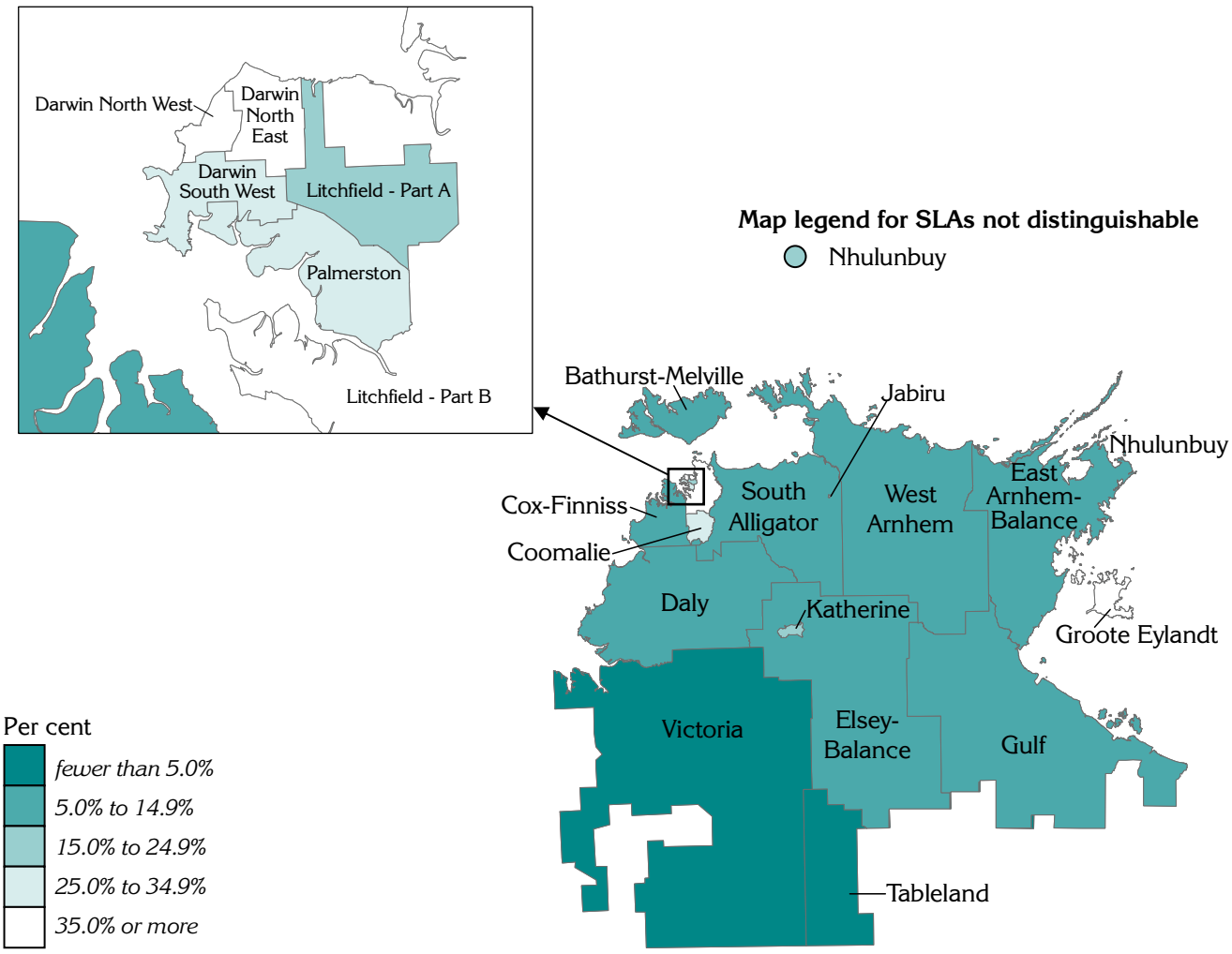
Map 1: Jobless families with children under 15 years of age by SLA, Top End DGP, 2001



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

Similarly, there are substantial variations at the SLA level in the proportion of the population covered by private health insurance (Map 2).

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



GP services to residents of the Top End DGP

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

The majority (91.0%) of all unreferred attendances for residents of Top End DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 368,391 unreferred attendances, out of a total of 404,836. The remaining unreferred attendances (36,445) were provided in a number of other Divisions, none with more than 0.5%.

The majority (91.6%) of all unreferred attendances to GPs with a provider number in Top End DGP were also of people living in the Division (ie. their Medicare address was in the Division): this represented 368,391 unreferred attendances. The remaining 33,954 unreferred attendances were provided to people living in a number of other Divisions, none of more than 0.7%.

Additional prevalence estimates: chronic diseases and risk factors combined: Darwin (part of the Top End DGP)

Please refer to the earlier *Population health profile of the Top End 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 SLAs in Darwin Statistical Division (SD) only. The estimates have not been made for the whole Division as only these SLAs were included in the 2001 National Health Survey. 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 slightly more people in Darwin SD who had asthma and were smokers, compared to Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher. However, there were estimated to be fewer people in Darwin SD who had type 2 diabetes and were overweight/ obese, compared to Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Darwin SD and Australia, 2001

Table 3: Estimates of selected chronic diseases and risk factors, Darwin SD and Australia, 2001

Variable	Darwin SD		Australia	
	No.[1]	Rate[2]	No.[1]	Rate[1]
Had asthma and smoked[3]	2,614	21.7	397,734	20.8
Had type 2 diabetes & were overweight/ obese[4]	991	12.5	283,176	15.2

[1] No. is a weighted estimate of the number of people in Darwin SD 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.

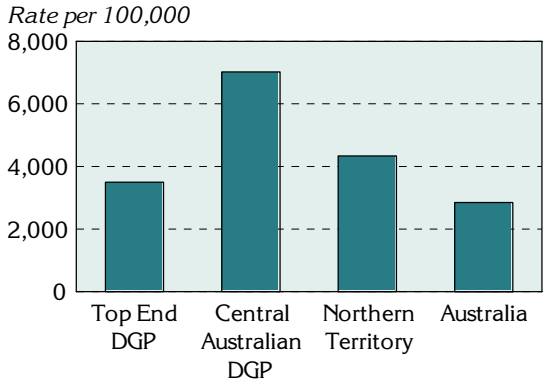
In 2001 to 2002, the 3,754 admissions from ambulatory care sensitive (ACS) conditions accounted for 9.1% of all admissions in the Top End DGP (Table 6, Figure 7), slightly below the level in the Northern Territory overall (9.5%) and slightly above that in Australia (8.7%).

Table 4: Avoidable[1] and unavoidable hospitalisations, Top End DGP, Northern Territory and Australia, 2001/02

Category	Top End DGP			Northern Territory			Australia		
	No.	Rate[2]	%	No.	Rate[2]	%	No.	Rate[2]	%
Avoidable[1]	3,754	3,495.2	9.1	6,057	4,335.2	9.5	552,786	2,847.5	8.7
Unavoidable	37,587	31,059.3	90.9	58,024	36,965.5	90.5	5,818,199	29,970.7	91.3
Total	**41,341**	**34,498.0**	**100.0**	**64,081**	**41,217.3**	**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 hospitalisations[1], Top End and Central Australian DGPs, Northern Territory and Australia, 2001/02



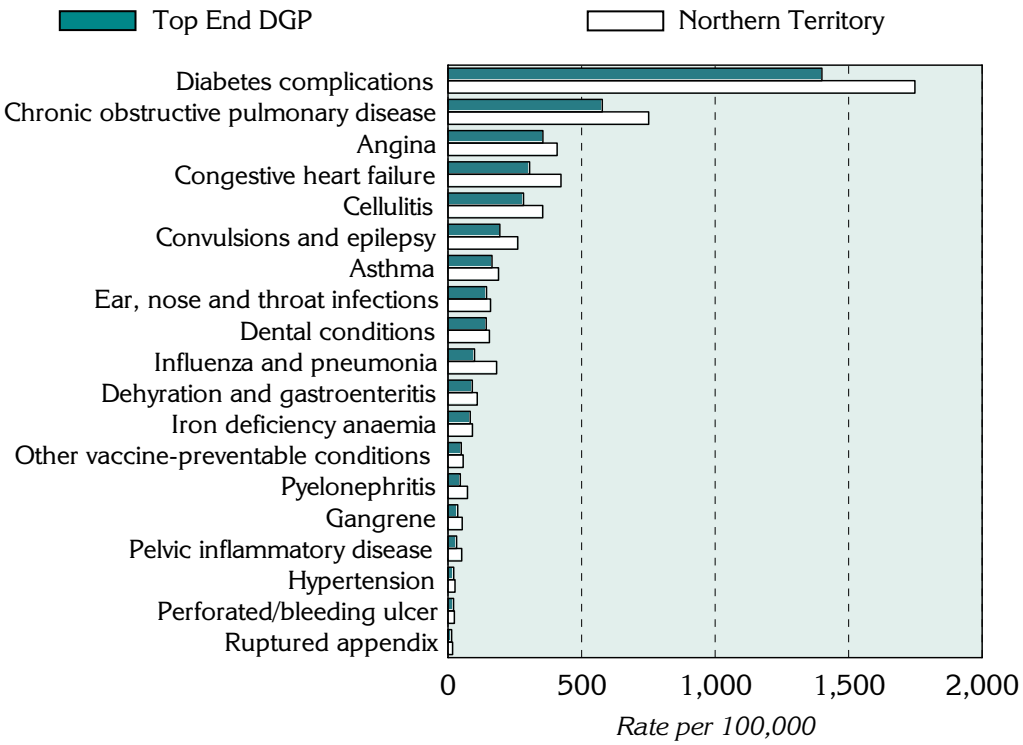
[1] **Admissions resulting from ACS conditions**

The rate of avoidable hospitalisations in Top End DGP is markedly lower, a rate of 3,495.2 admissions per 100,000 population, compared to the Northern Territory (a rate of 4,335.2), but notably higher than the rate for Australia (2,847.5).

Diabetes complications, chronic obstructive pulmonary disease, angina and congestive heart failure were the four conditions with the highest rates of avoidable hospitalisations in the Top End 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. Cellulitis; and convulsions and epilepsy have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations[1] by condition, Top End DGP and Northern Territory, 2001/02



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

Table 5: Avoidable hospitalisations[1] by condition, Top End DGP, Northern Territory and Australia, 2001/02

Sub-category/ condition	Top End DGP		Northern Territory		Australia	
	No.	Rate[2]	No.	Rate[2]	No.	Rate[2]
Vaccine-preventable	**190**	**148.5**	**385**	**238.4**	**16,573**	**85.4**
Influenza and pneumonia	114	99.0	272	181.9	13,021	67.1
Other vaccine preventable	76	49.5	113	56.5	3,552	18.3
Chronic[3]	**2,264**	**2,907.2**	**3,639**	**3,637.8**	**352,545**	**1,816**
Diabetes complications	1,138	1,399.8	1,839	1,748.2	141,345	728.1
Iron deficiency anaemia	73	83.3	104	91.7	16,451	84.7
Hypertension	18	21.5	28	26.2	6,354	32.7
Congestive heart failure	145	305.5	266	422.9	42,447	218.6
Angina	260	355.0	388	408.3	49,963	257.4
Chronic obstructive pulmonary disease	358	577.8	606	751.4	54,853	282.6
Asthma	272	164.3	408	189.1	41,009	211.3
Acute	**1,428**	**1,002.9**	**2,313**	**1,256.9**	**200,913**	**1,035**
Dehydration and gastroenteritis	105	90.7	165	109.2	37,766	194.5
Convulsions and epilepsy	308	193.8	539	260.9	31,137	160.4
Ear, nose and throat infections	259	143.9	374	159.3	32,075	165.2
Dental conditions	239	143.2	337	155.0	43,667	224.9
Perforated/bleeding ulcer	16	20.9	23	23.6	5,795	29.9
Ruptured appendix	22	13.8	35	17.0	3,866	19.9
Pyelonephritis	64	45.8	133	72.6	7,386	38.0
Pelvic inflammatory disease	51	32.2	106	51.2	6,547	33.7
Cellulitis	334	282.4	544	354.8	28,204	145.3
Gangrene	30	36.2	57	53.3	4,470	23.0
Total avoidable hospitalisations[4]	**3,754**	**3,495.2**	**6,057**	**4,335.2**	**552,786**	**2,847.5**

[1] **Admissions resulting from ACS conditions**
[2] **Rate is the indirectly age-standardised rate per 100,000 population**
[3] **Excludes nutritional deficiencies as less than ten admissions**
[4] **Sub-category and condition numbers and rates do not add to the reported total avoidable admissions: five conditions (influenza & pneumonia, other vaccine preventable, diabetes complications, ruptured appendix and gangrene) are counted in 'any diagnosis', so may be included in more than one condition group**

Avoidable mortality

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

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

Almost three quarters (74.8%) of all deaths in Top End DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly above the proportion for the Northern Territory (74.5%) (Table 8). However, the rate in the Division is notably lower than that in the Northern Territory, a differential of 0.89.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.5% of all deaths at ages 0 to 74 years in Top End DGP, consistent with the proportion for the Northern Territory (28.8%).

Table 6: Avoidable and unavoidable mortality (0 to 74 years) by area, Top End and Central Australian DGPs, Northern Territory and Australia, 1997 to 2001

Mortality category	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable	1,781	386.8	749	536.1	2,576	433.2	189,845	211.8
% of total	**74.8**	..	**73.3**	..	**74.5**	..	**71.5**	..
(Amenable)	(678)	(157.9)	(306)	(233.4)	(997)	(179.3)	(76,249)	(85.1)
(% of total)	**(28.5)**	(..)	**(29.9)**	**(..)**	**(28.8)**	**(..)**	**(28.7)**	**(..)**
Unavoidable	600	135.8	273	203.0	882	154.4	75,582	84.3
% of total	**25.2**	..	**26.7**	..	**28.5**	..	**28.5**	..
Total mortality	**2,382**	**523.2**	**1,022**	**739.4**	**3,458**	**588.1**	**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 both of the Divisions and the comparator areas, with a larger differential evident for avoidable mortality. In the Top End DGP, the rate of avoidable mortality for males was 467.3 deaths per 100,000 males, notably higher than the rate of 314.1 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 163.3, compared to 154.5 for females, a rate ratio of 1.06 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Top End and Central Australian DGPs, Northern Territory and Australia, 1997 to 2001

Note: the different scales

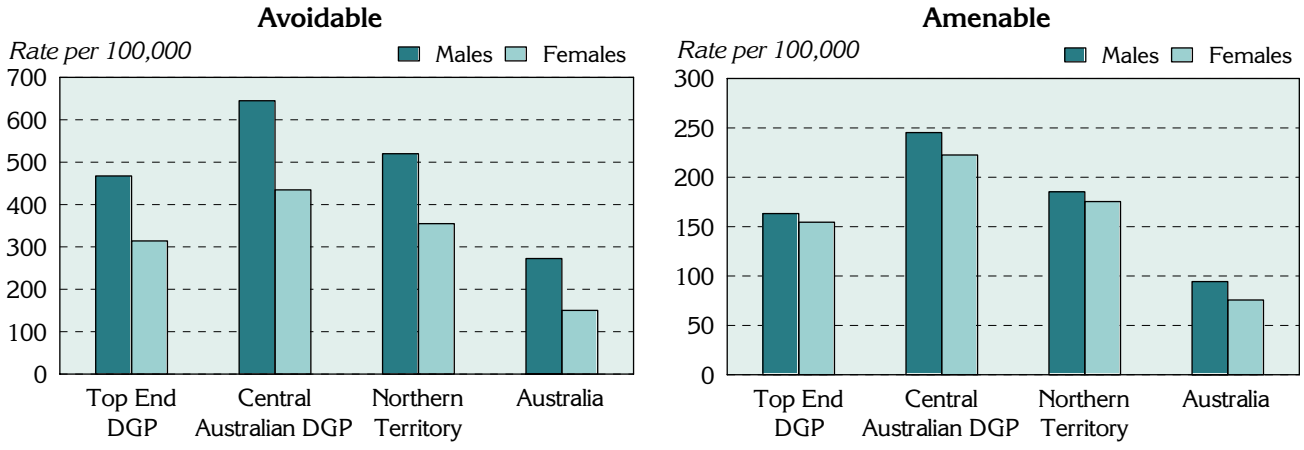


Table 7: Avoidable and amenable mortality (0 to 74 years) by sex, Top End and Central Australian DGPs, Northern Territory and Australia, 1997 to 2001

Mortality category and sex	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
Males	1,175	467.3	481	644.9	1,678	520.1	123,026	272.6
Females	606	314.1	269	434.5	898	354.9	66,819	150.1
Total	**1,781**	**386.8**	**749**	**536.1**	**2,576**	**433.2**	**189,845**	**211.8**
Rate ratio–M:F[2]	**..**	**1.49****	**..**	**1.48****	**..**	**1.47****	**..**	**1.82****
Amenable								
Males	378	163.3	168	245.3	551	185.3	42,568	94.3
Females	300	154.5	138	222.5	446	175.3	33,681	75.7
Total	**678**	**157.9**	**306**	**233.4**	**997**	**179.3**	**76,249**	**85.1**
Rate ratio–M:F[2]	**..**	**1.06**	**..**	**1.10**	**..**	**1.06**	**..**	**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 Top End DGP, Central Australian DGP, Northern Territory 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 74.3% of total YLL (0 to 74 years) for Top End DGP, consistent with the Northern Territory (74.1%): the proportion of YLL from amenable mortality for Top End DGP (28.3%) was also consistent with the Northern Territory (28.5%).

Table 8: Years of life lost from avoidable mortality (0 to 74 years), Top End and Central Australian DGPs, Northern Territory and Australia, 1997 to 2001

Mortality category	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	37,131	74.3	16,045	73.2	54,186	74.1	3,327,375	71.9
(Amenable)	(14,136)	(28.3)	(6,431)	(29.3)	(20,833)	(28.5)	(1,298,430)	(28.0)
Unavoidable	12,813	25.7	5,880	26.8	18,895	25.9	1,303,289	28.1
Total	**49,945**	**100.0**	**21,925**	**100.0**	**73,081**	**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 2,218.6 deaths per 100,000 population in Top End Division. The 45 to 64 year age group accounted for the next highest rate of avoidable death in all of the areas, with a rate 557.7 in Top End Division.

Table 9: Avoidable and amenable mortality by age, Top End and Central Australian DGPs, Northern Territory and Australia, 1997 to 2001

Mortality category and age (years)	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
0-14	137	67.2	51	79.2	187	70.0	5,669	28.8
15-24	110	89.6	66	165.2	177	110.0	7,045	52.8
25-44	435	162.4	212	261.6	673	194.4	24,356	83.9
45-64	705	557.7	272	729.3	991	610.8	64,282	304.9
65-74	395	2,218.6	148	2,698.0	548	2384.3	88,493	1,358.1
Total	**1,781**	**386.8**	**749**	**536.1**	**2,576**	**433.2**	**189,845**	**211.8**
Amenable								
0-24	120	35.4	46	43.1	169	37.9	5,083	15.4
25-44	122	48.0	69	90.1	197	59.9	5,946	20.5
45-64	279	226.5	126	343.6	407	256.7	27,464	130.3
65-74	158	904.5	64	1,183.5	225	996.8	37,756	579.4
Total	**678**	**157.9**	**306**	**233.4**	**997**	**179.3**	**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 Top End DGP were for cardiovascular diseases, with a rate of 128.3 deaths per 100,000 population, and cancer, 94.7 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 88.4 per 100,000 population and 38.1 per 100,000, respectively.

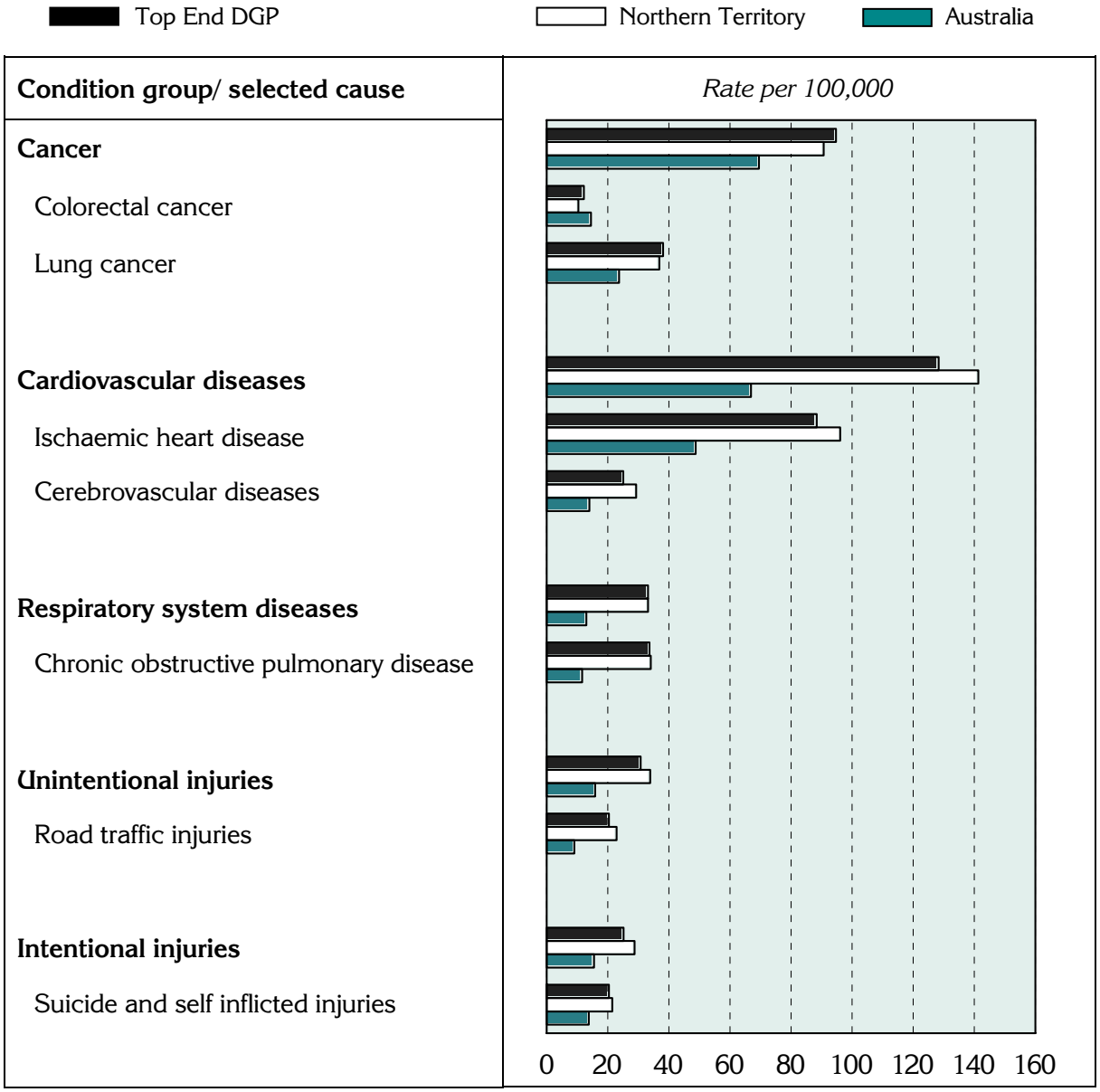
Table 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Top End DGP, Central Australian DGP, Northern Territory and Australia, 1997 to 2001

Condition group and selected cause	Top End DGP		Central Australian DGP		Northern Territory		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Cancer	**378**	**94.7**	**83**	**68.5**	**467**	**90.7**	**62,338**	**69.5**
Colorectal cancer	47	12.2	5	4.7	52	10.4	13,008	14.5
Lung cancer	141	38.1	31	27.4	176	36.9	21,208	23.7
Cardiovascular diseases	**473**	**128.3**	**188**	**170.2**	**671**	**141.3**	**59,945**	**66.9**
Ischaemic heart disease	331	88.4	129	114.9	463	96.1	43,712	48.8
Cerebrovascular diseases	88	25.1	45	41.7	133	29.3	12,558	14.0
Respiratory system diseases	**108**	**33.2**	**29**	**29.3**	**140**	**33.2**	**11,612**	**13.0**
Chronic obstructive pulmonary disease	101	33.7	28	30.4	132	34.1	10,395	11.6
Unintentional injuries	**228**	**30.8**	**90**	**39.5**	**326**	**33.9**	**14,224**	**15.9**
Road traffic injuries	152	20.4	68	29.3	222	22.9	8,138	9.1
Intentional injuries	**189**	**25.2**	**85**	**37.4**	**280**	**28.8**	**13,891**	**15.5**
Suicide and self inflicted injuries	153	20.4	55	24.0	209	21.5	12,393	13.8

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

Rates in the Division for all condition groups and selected causes were above those for Australia, with the exception of colorectal cancer (Figure 10). However, with the exception of rates for cancer (total, lung and colorectal cancers), rates in the Division were below those for the Northern Territory overall.

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Top End DGP, Northern Territory and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

Data sources

Table 11 details the data sources for the material presented in this profile.

Table 11: 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 Top End 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, Litchfield local government area (LGAs) has been split into two SLAs, Litchfield - Part A, and Litchfield - Part B. The Darwin areas and Palmerston are groups of suburbs (SLAs). The SLAs listed in Table 12 comprise the Division.

Table 12: SLAs and population in Top End DGP, 2005 on 2001 boundaries

SLA code	SLA/SLA group name	Per cent of the SLA/SLA group's population in the Division*	Estimate of the SLA's 2005 population in the Division
70609	Bathurst-Melville	100.0	2,500
70700	Coomalie	100.0	1,074
70759	Cox-Finniss	100.0	809
70809	Daly	100.0	3,772
71008, 71038, 71048 71052, 71058, 71064 71134	Darwin North East	100.0	20,501
71004, 71014, 71024 71034, 71068, 71074 71078, 71088, 71098 71114, 71118, 71124	Darwin North West	100.0	27,906
71018, 71028, 71044 71054, 71084, 71094 71104, 71108, 71128 71138	Darwin South West	100.0	21,648
71209	East Arnhem - Balance	99.5	7,609
71409	Elsey - Balance	96.0	2,040
71609	Groote Eylandt	100.0	2,655
71809	Gulf	87.0	2,977
72000	Jabiru	100.0	1,165
72200	Katherine	100.0	8,890
72304	Litchfield - Part A	100.0	1,534
72308	Litchfield - Part B	100.0	15,108
72409	Nhulunbuy	100.0	3,990
71169, 72802, 72804, 72806, 72808, 72814 72818, 72824	Palmerston	100.0	24,603
73309	South Alligator	100.0	736
74409	Victoria	95.0	2,834
74809	West Arnhem	99.6	4,736

* **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

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

Further developments and updates

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

PHIDU contact details

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