Indicator	Socioeconomic pattern evident?	Estimated extent of health inequality
Disease or disorder: (continued)		
Premature death of males	Yes – increasing likelihood with increasing disadvantage	Males in the most disadvantaged quintile were nearly twice as likely to die prematurely compared to those in the most advantaged quintile.
Premature death of females	Yes – increasing likelihood with increasing disadvantage	Females in the most disadvantaged quintile were 51% more likely to die prematurely compared to those in the most advantaged quintile.
Avoidable mortality	Yes – increasing likelihood with increasing disadvantage	Those in the most disadvantaged quintile were two thirds more likely to die of avoidable causes before 75 years of age than those in the most advantaged quintile.
Service use:		
Community health service clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were nearly 12 times more likely to use these services than those in the most advantaged quintile.
Community mental health service clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.4 times more likely to use these services than those in the most advantaged quintile.
CAMHS services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.75 times more likely to use these services than those in the most advantaged quintile.
Department for Families and Communities services clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 5.7 times more likely to use these services than those in the most advantaged.
Domiciliary care services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were two and half times more likely to require domiciliary care than those in the most advantaged quintile.
District nursing (RDNS) services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 49% more likely to be an RDNS client compared to the most advantaged quintile.
GP services	Yes – increasing use with increasing disadvantage	For males and for females, there were 40% more services by GPs in the most disadvantaged areas than in the most advantaged areas.
A & E attendance	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were over two and a half times as likely to attend A & E as those in the most advantaged.
Outpatient department attendances	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.3 times as likely to attend A & E as those in the most advantaged quintile.
Specialist medical consultations in outpatient departments	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.4 times as likely to attend for consultations with specialist medical practitioners in outpatient departments as those in the most advantaged quintile.
Admissions to public acute hospitals	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.3 times as likely to be admitted to public acute hospitals as those in the most advantaged quintile.

STATISTICAL OVERVIEW

Current and Projected Population

The population in the CNAHS region is expected to grow only marginally over the years from 2005 to 2020; however, this low overall growth hides substantial variations in growth at older ages. For example, over the five years from 2005 to 2010, the population is projected to grow by just 1.5% or 0.3% per annum (Table 3). Growth rates in the next two five-year periods are lower, at 1.2% and 1.0%. The overall growth of 1.5% in the five years to 2010 is comprised of small declines at ages below 45 years (and, for females, at ages 75 to 84 years) and growth in the 65 to 74 years and 85 years and over age groups (in the latter group the growth is substantial). Notably, the growth in the population of older males is above that for females, with the number of males at a lower level than for females. The low level of growth to 2010 in the 75 to 84 year age group in the proportion of population who are males, and the small decline for females, reflect low birth rates in the 1930s and loss of life in the Second War World.

As the cohorts age, growth is more pronounced from 2010 to 2015, for both males and females, in the 65 to 74 and 75 to 84 year age groups, but lower in the 85 years and over age group. In the five years to 2020, the strongest growth for males is projected to be at 75 to 84 years, whereas for females it is in the 65 to 74 year age group. By 2020, growth at the oldest ages is projected to have slowed considerably in comparison with the earlier periods.

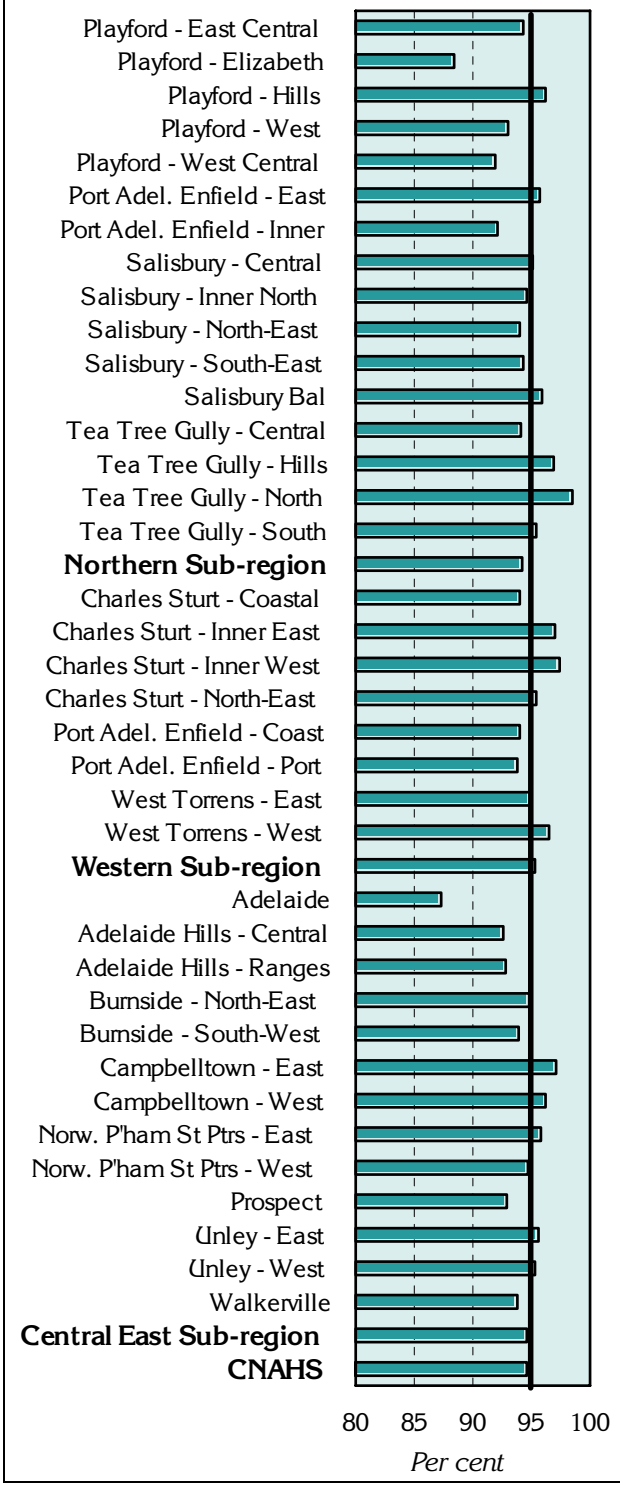
Table 3: Projected Resident Population in CNAHS, selected years, 2005 to 2020

Sex and age	2005	2010		2015		2020	
	Number	Number	Change	Number	Change	Number	Change
Males							
0-24	124,716	120,486	-3.4	115,749	-3.9	110,923	-4.2
25-44	112,492	110,131	-2.1	108,870	-1.1	108,154	-0.7
45-64	93,618	101,048	7.9	102,416	1.4	103,297	0.9
65-74	27,473	31,015	12.9	37,823	22.0	42,622	12.7
75-84	18,792	19,164	2.0	20,543	7.2	24,049	17.1
85+	4,676	6,355	35.9	7,937	24.9	8,722	9.9
Total	**381,767**	**388,199**	**1.7**	**393,338**	**1.3**	**397,767**	**1.1**
Females							
0-24	119,869	115,120	-4.0	110,326	-4.2	105,471	-4.4
25-44	109,954	107,707	-2.0	106,213	-1.4	104,916	-1.2
45-64	98,426	105,868	7.6	106,220	0.3	106,040	-0.2
65-74	30,803	34,030	10.5	41,572	22.2	47,571	14.4
75-84	25,602	24,861	-2.9	25,702	3.4	28,985	12.8
85+	10,458	13,029	24.6	14,832	13.8	15,457	4.2
Total	**395,112**	**400,615**	**1.4**	**404,865**	**1.1**	**408,440**	**0.9**
Persons							
0-24	244,585	235,606	-3.7	226,075	-4.0	216,394	-4.3
25-44	222,446	217,838	-2.1	215,083	-1.3	213,070	-0.9
45-64	192,044	206,916	7.7	208,636	0.8	209,337	0.3
65-74	58,276	65,045	11.6	79,395	22.1	90,193	13.6
75-84	44,394	44,025	-0.8	46,245	5.0	53,034	14.7
85+	15,134	19,384	28.1	22,769	17.5	24,179	6.2
Total	**776,879**	**788,814**	**1.5**	**798,203**	**1.2**	**806,207**	**1.0**

Source: Compiled from ABS Population Projections 2005 to 2050 (unpublished)

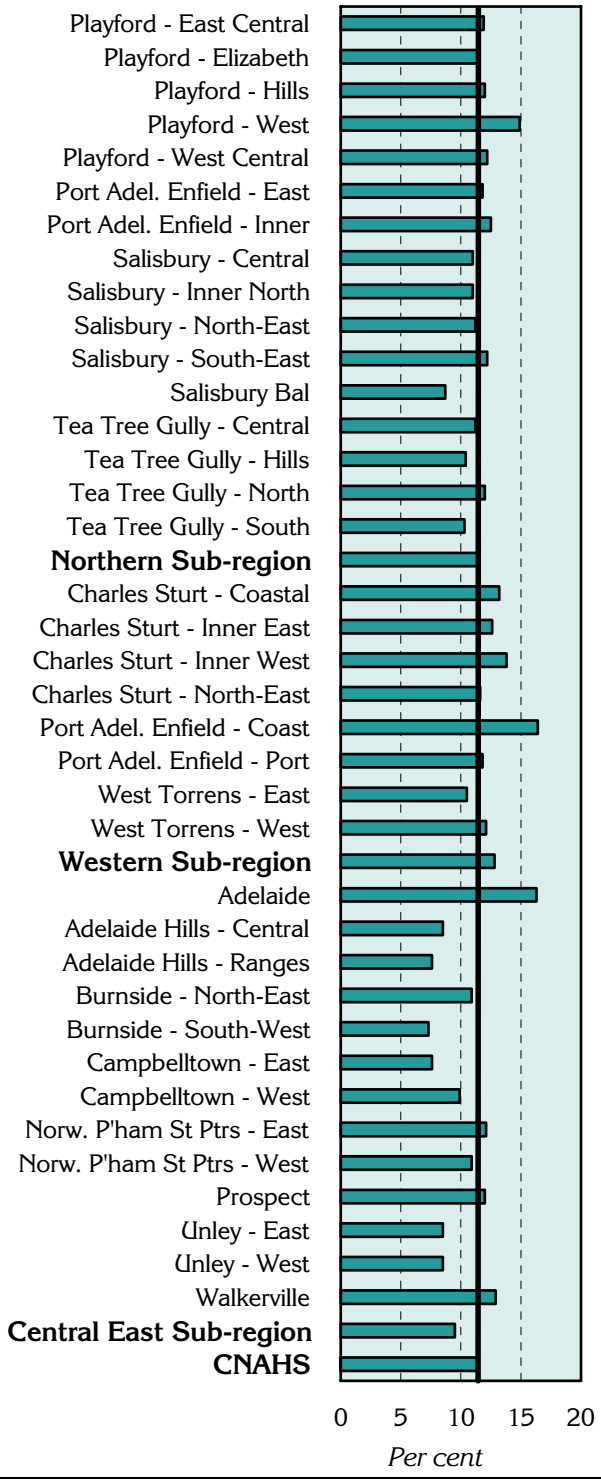
Immunisation status at one year

CNAHS – 94.6%



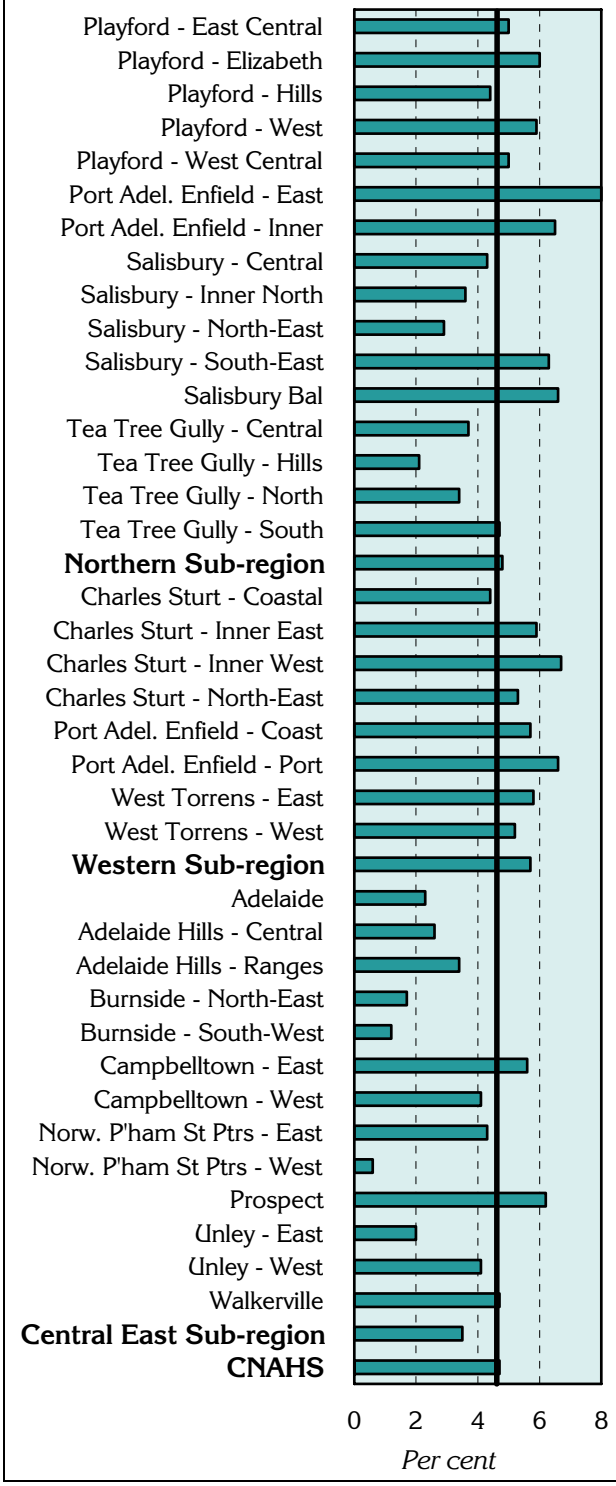
Overweight (not obese) four year old boys

CNAHS – 11.4%



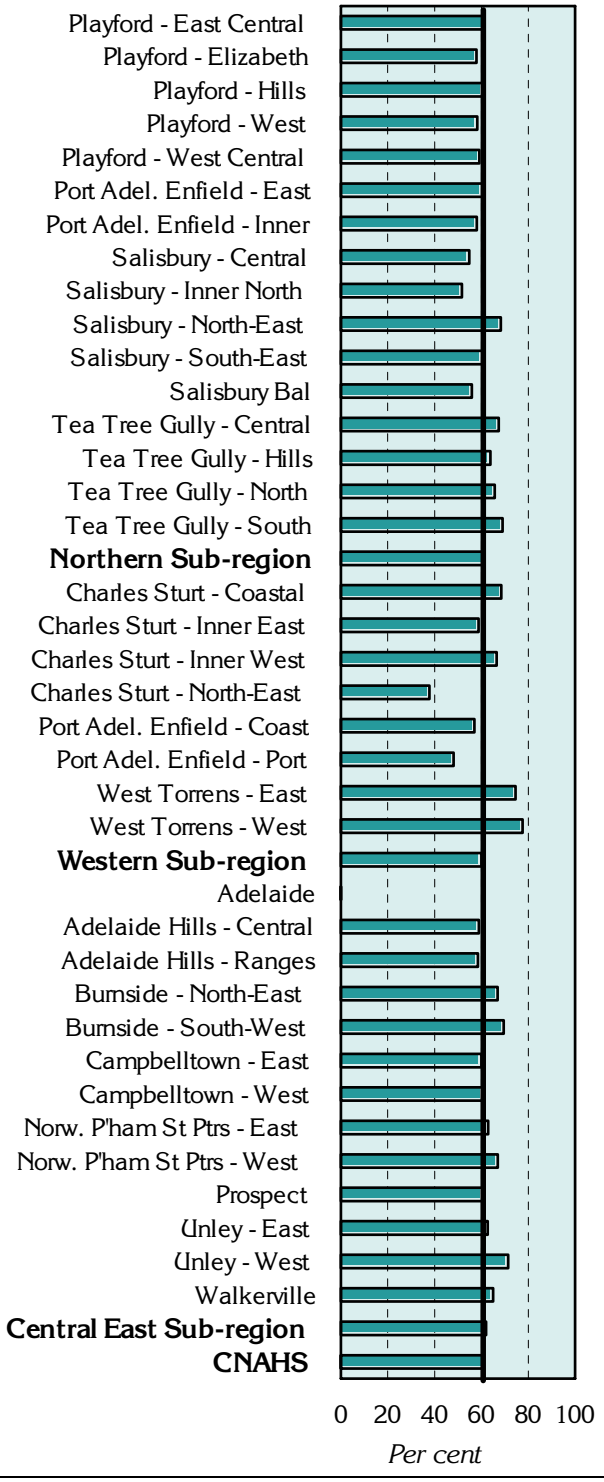
Obese four year old boys

CNAHS – 4.7%



Twelve year olds with no decayed, missing or filled teeth

CNAHS – 60.9%



Labour force: Female labour force participation

Females 20 to 54 years in the labour force as a proportion of all females aged 20 to 54 years: data from *the 2001 Census*

Overview

The marked increase in women's participation in paid work (at a time of decline in male participation) has been one of the most significant trends in Australian society over the last three decades. Women are both remaining in the work force longer (partly by delaying childbirth), and re-entering the workforce after childbirth, because of changes in social perceptions of the role of women and increased economic pressures on families.

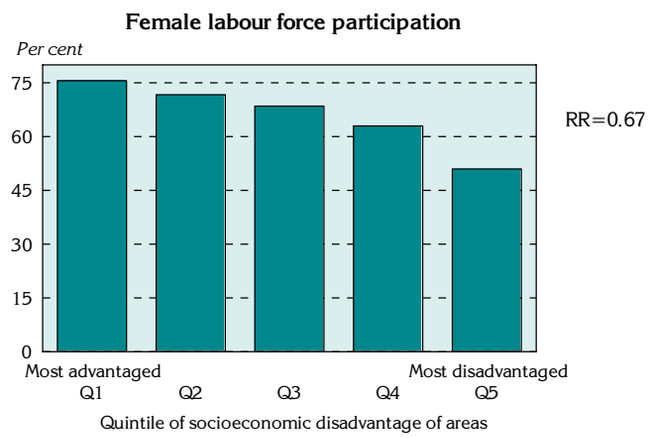
Approximately two thirds (65.8%, 123,130) of females aged 20 to 54 years in the Central Northern region were participating in the labour force (Table 14). The SLAs with the highest female labour force participation rates form a solid block to the east, south and south-east of the city, and stand in marked contrast to the lowest rates (Map 13). Local variations in female labour force participation have complex causes, and their implications for social health and for the provision of services such as child care are not straightforward. For example, high participation rates are not necessarily an indication of the need for child-care facilities; participation may be high partly because good services already exist, at least for better-off families. Low participation rates may indicate the existence of a welfare-dependent population, especially single mothers, for whom participation in low-paid employment has not been financially worthwhile.

The highest participation rates in this region were in Adelaide Hills - Ranges (77.3%), Unley - East (77.1%), Norwood Payneham St Peter's - West (76.8%), Adelaide Hills - Central (76.3%), Burnside - North-East and Unley - West (both 75.9%), Burnside - South-West (75.5%) and Prospect (75.0%).

The largest number were located in Tea Tree Gully - South (5,597), Charles Sturt - Coastal (5,445), Tea Tree Gully - North (5,364), Salisbury - South-East (5,335), Tea Tree Gully - Central (5,019), Campbelltown - East (4,748) and Port Adelaide Enfield - Coast (4,658).

The lowest female labour force participation rate was in Playford - West Central (36.4%, 1,086), followed by - Elizabeth (39.2%, 2,149), Port Adelaide Enfield - Port (48.7%, 2,889), Salisbury - Inner North (53.2%, 3,409) and - Central (54.0%, 3,650), Port Adelaide Enfield - Inner (55.2%, 2,458), Salisbury Balance (55.7%, 792) and Playford - West (58.5%, 1,142).

There were 33% fewer females participating in the labour force in the most disadvantaged areas (with a participation rate of 51.0%) than in the most advantaged areas (with a participation rate of 75.6%), a rate ratio of 0.67**.



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

* indicates statistical significance: see page 19

Map 13: Female labour force participation, CNAHS, 2001

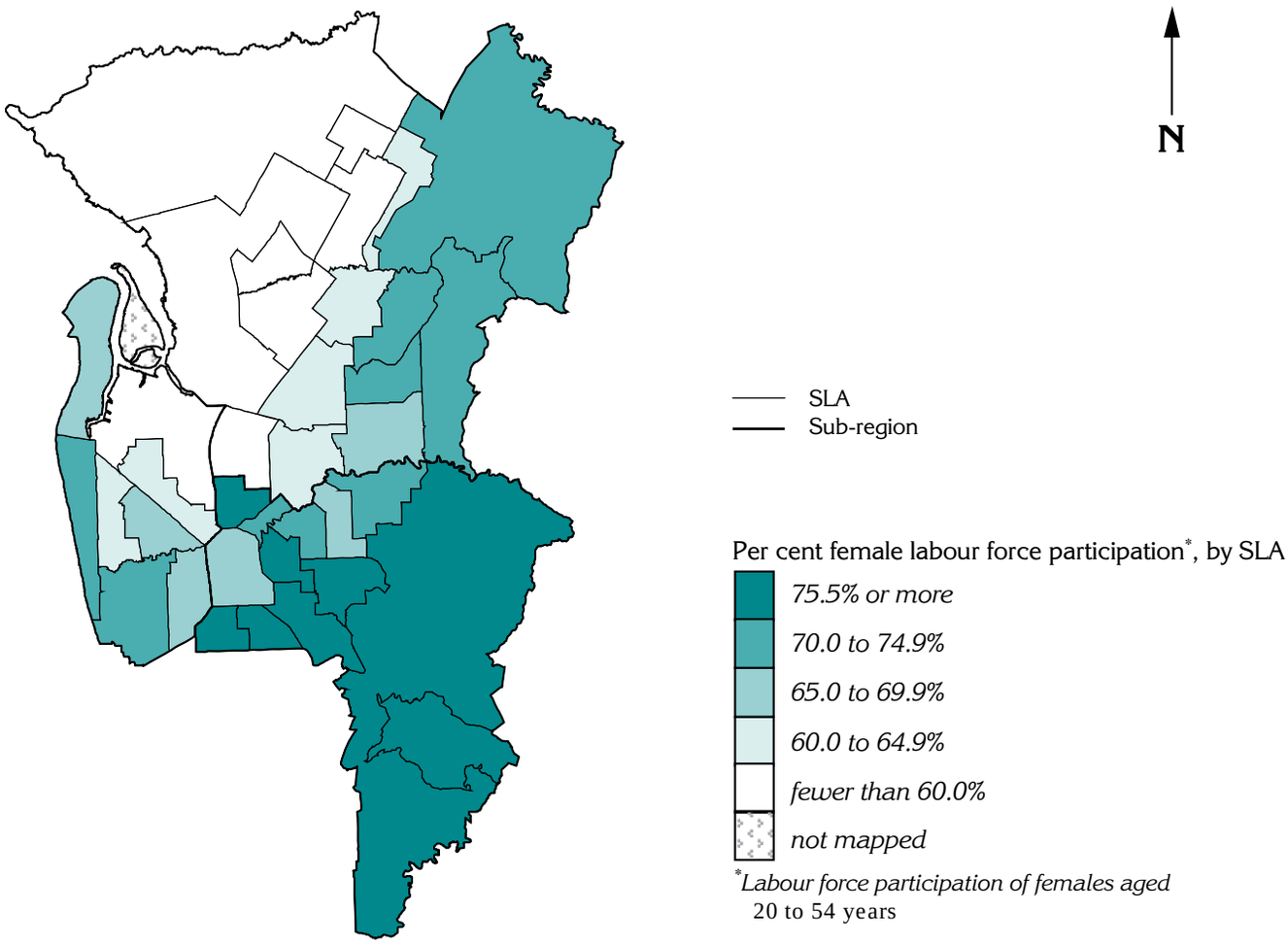


Table 14: Female labour force participation, CNAHS, 2001

Area	Number	Per cent
CNAHS		
Quintile 1: most advantaged areas	27,036	75.6
Quintile 2	26,702	71.7
Quintile 3	27,784	68.5
Quintile 4	21,281	63.0
Quintile 5: most disadvantaged areas	20,327	51.0
Rate ratio	..	**0.67****
Northern	**49,805**	**60.8**
Western	**32510**	**65.0**
Central East	**40,815**	**73.9**
CNAHS	**123,130**	**65.8**
Southern	**54,541**	**68.6**
Metropolitan regions	**177,671**	**66.6**
State total	**238,979**	**66.3**

Health risk: Smoking during pregnancy

Age standardised rate of women who reported smoking during pregnancy: data for 1998 to 2001

Overview

Maternal smoking during pregnancy has many consequences before and after delivery, such as premature birth, miscarriage and perinatal death, low birthweight, and infants being smaller at birth than they should be. These problems may affect children through to adulthood, including a higher risk of disability and developmental delay, decreased lung function and increased respiratory illness [66].

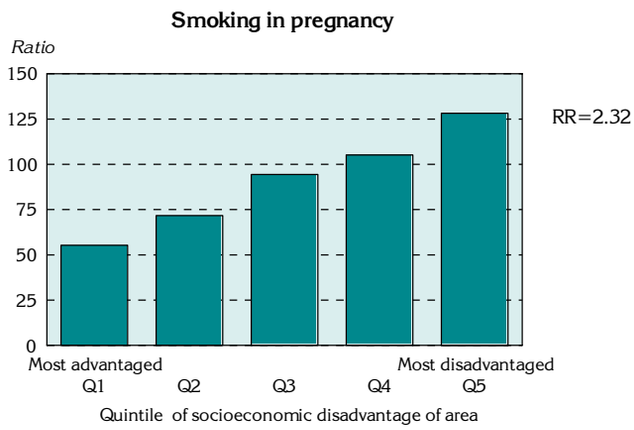
In Central Northern, 8,097 women reported smoking during a pregnancy, two per cent fewer than expected from the State rates (a standardised ratio (SR) of 98*) (Table 33). The highest rates of smoking during pregnancy were found in a number of north-western and outer northern SLAs (Map 32).

The SLAs with elevated rates of smoking during pregnancy included Playford - Elizabeth (an SR of 160**, 797 pregnancies), Playford - West Central (145**, 357 pregnancies), Playford - East Central (133**, 387), Salisbury - Inner North (127**, 510), Port Adelaide Enfield - Coast (124**, 351), Port Adelaide Enfield - Port (122**, 431) and Playford - Hills (122, 55).

There were large numbers of women smoking during a pregnancy living in Port Adelaide Enfield - East (339 pregnancies, an SR of 106), Tea Tree Gully - South (313, 88*), Charles Sturt - North-East (311, 104), Tea Tree Gully - Central (268, 92), Charles Sturt - Inner West (215, 97) and - Inner East (213, 94).

The SLAs with the lowest rates of smoking during pregnancy largely form a block across Adelaide's middle SLAs: they include Unley - East (an SR of 37**, 65 pregnancies), Burnside - South-West (38**, 49), Norwood Payneham and St Peters - West (44**, 63), Walkerville (48**, 24), Unley - West (50**, 75), Burnside - North-East (50**, 68), Adelaide Hills - Central (54**, 57) and Adelaide Hills - Ranges (56**, 53).

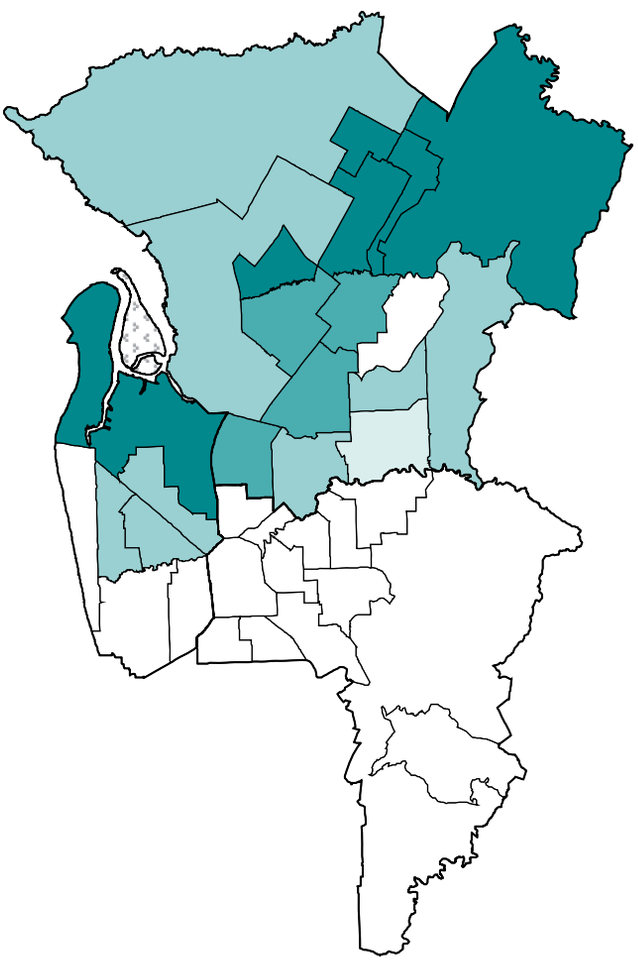
Smoking in pregnancy is very strongly associated with socioeconomic disadvantage, with 2.3 times the rate in the most disadvantaged areas, compared with the most advantaged areas.



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

* indicates statistical significance: see page 19

Map 32: Smoking in pregnancy, CNAHS, 1998 to 2001



N

SLA
Sub-region

Standardised Ratio (as an Index*), by SLA

- *120 and above*
- *110 to 119*
- *90 to 109*
- *80 to 89*
- *below 80*
- *not mapped*

*Index shows the number of women smoking during pregnancy in the SLA compared with the number expected: expected numbers were derived by indirect age standardisation, based on SA totals

Table 33: Smoking in pregnancy, CNAHS, 1998 to 2001

Area	Number	Standardised ratio
CNAHS		
Quintile 1: most advantaged areas	640	55**
Quintile 2	959	72**
Quintile 3	1,639	94*
Quintile 4	1,598	105*
Quintile 5: most disadvantaged areas	3,261	128**
Rate ratio	..	**2.32****
Northern	**5,029**	**115****
Western	**2,078**	**98**
Central East	**990**	**55****
CNAHS	**8,097**	**98***
Southern	**2,696**	**83****
Metropolitan regions	**10,794**	**94****
State total	**16,558**	**100**

Overweight in childhood: Overweight (not obese) four year old boys

Number of four year old boys whose Body Mass Index rated them as overweight (not obese), as a proportion of all boys at that age: data for 2000 to 2003

Overview

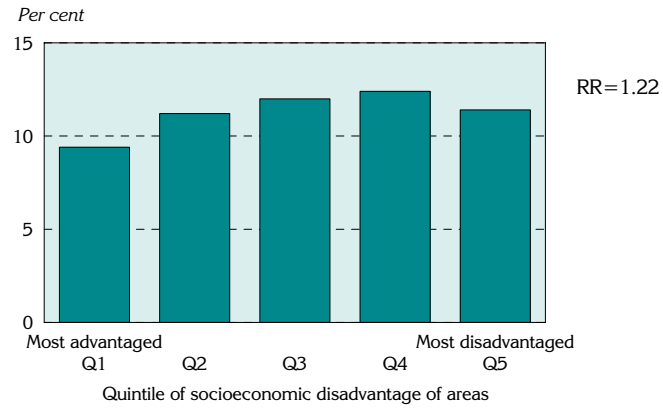
Overweight and obesity in childhood and adolescence can cause a wide range of significant physical and emotional health problems, and increase the risk of premature illness and death in adulthood. Australian prevalence rates are high by international standards and represent a serious public health concern. Current rates in South Australia represent a dramatic increase since 1995, of around 70% for boys and girls at this age [33].

In Central Northern, 11.4% of four year old boys were classified as overweight (1,318 boys) (Table 35). The geographic distribution of overweight four year old boys (Map 34) is somewhat mixed, although it shows similarities to the pattern of socioeconomic disadvantage (Map 23, page 113).

High proportions were found in the SLAs of Port Adelaide Enfield - Coast (16.4%. 63 boys), Adelaide (16.3%, seven), Playford - West (14.9%, 28), and Charles Sturt - Inner West (13.8%, 42) and - Coastal (13.2%, 40). Relatively large numbers were also recorded in Salisbury - South-East (76 boys, 12.2%), Tea Tree Gully - North (73, 12.0%), Salisbury - Central (66, 11.0%), and Playford - Elizabeth (67, 11.5%) and - Inner North (61, 11.0%).

Low proportions of overweight four year old boys were recorded in Burnside - South-West (7.3%, 13 boys), Campbelltown - East (7.6%, 29), Adelaide Hills - Ranges (7.6%, 13), Unley - East and West (both 8.5%, 19), Adelaide Hills - Central (8.5%, 19), Salisbury Balance (8.7%, ten) and Campbelltown - West (9.9%, 22).

There is a gradient across the quintiles of socioeconomic disadvantage of area, with 22% more four year old boys in the most disadvantaged areas in the region being assessed as being overweight (not obese) than in the most advantaged areas. The proportion in Quintile 4 (12.4%) is slightly above that in Quintile 5 (11.4%).



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

Note: These data were provided by Child and Youth Health (CYH) who have, for a number of years, collected height and weight information for children aged from four years three months to five years (collectively referred to as four year old children in the text). The measurements are taken at child care and pre-school centres by staff of CYH, with an average coverage at these ages of just under 80%. The data for girls have not been shown because of concerns with data quality.

Map 34: Overweight (not obese) four year old boys, CNAHS, 2000 to 2003

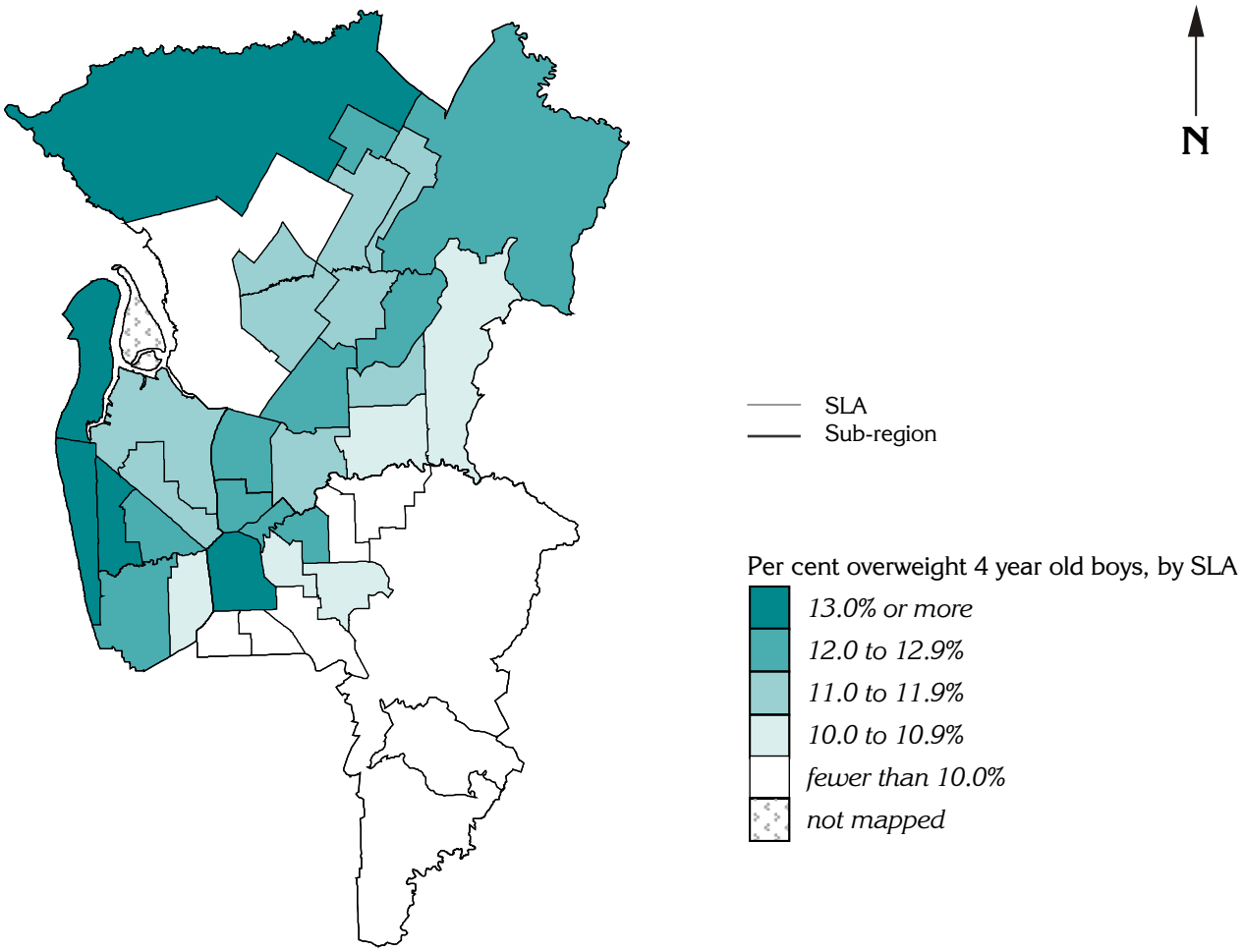


Table 35: Overweight four year old boys, CNAHS, 2000 to 2003

Area	Number	Per cent
CNAHS		
Quintile 1: most advantaged areas	164	9.4
Quintile 2	232	11.2
Quintile 3	284	12.0
Quintile 4	274	12.4
Quintile 5: most disadvantaged areas	365	11.4
Rate ratio	..	**1.22***
Northern	**747**	**11.5**
Western	**331**	**12.8**
Central East	**240**	**9.5**
CNAHS	**1,318**	**11.4**
Southern	**549**	**11.1**
Metropolitan regions	**1,867**	**11.3**
State total	**3,066**	**12.1**

Obesity in childhood: Obese four year old boys

Number of four year old boys whose Body Mass Index rated them as not obese, as a proportion of all boys at that age: data for 2000 to 2003

Overview

Overweight and obesity in childhood and adolescence can cause a wide range of significant physical and emotional health problems, and increase the risk of premature illness and death in adulthood. These data were provided by Child and Youth Health (CYH) who have, for a number of years, collected height and weight information for children aged from four years three months to five years (collectively referred to as four year old children in the text). The measurements are taken at child care and pre-school centres by staff of CYH, with an average coverage at these ages of just under 80%. The data for girls have not been shown because of concerns with data quality

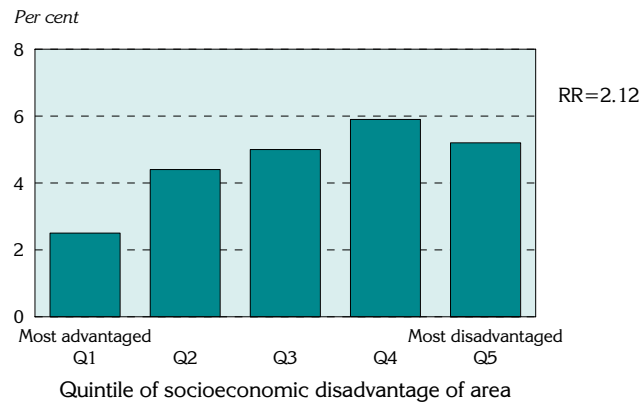
Central Northern had a relatively high proportion of boys assessed as being obese (4.7%, 548 boys) (Table 36). A cluster of SLAs with above-average rates of obesity lies across the western, north-western and inner- and outer-northern suburbs (Map 35).

SLAs with the largest proportions of these boys in their populations were the adjoining SLAs of Port Adelaide Enfield - East (8.0%, 30 boys), Charles Sturt - Inner West (6.7%, 21), Salisbury Balance (6.6%, seven boys), Port Adelaide Enfield - Port (6.6%, 24) and - Inner (6.5%, 18), and Salisbury - South-East (6.3%, 39).

Relatively large numbers of obese four year old boys were found in Playford - Elizabeth (35 boys, 6.0%), Salisbury - Central (26, 4.3%), Tea Tree Gully - South (24, 4.7%), Port Adelaide Enfield - Coast (22, 5.7%) and Campbelltown - East (22, 5.6%).

Low proportions (and relatively low numbers) were recorded for boys in Unley - East (2.0%, five boys), Tea Tree Gully - Hills (2.1%, four boys), Adelaide Hills - Central (2.6%, six), Salisbury - North-East (2.9%, 13), and Tea Tree Gully - North (3.4%, 21).

There is a very strong gradient across the quintiles of socioeconomic disadvantage of area, with twice the proportion of four year old boys in the most disadvantaged areas in the region assessed as being obese than in the most advantaged areas. The proportion in Quintile 4 (5.9%) is above that in Quintile 5 (5.2%).



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

Map 35: Obese four year old boys, CNAHS, 2000 to 2003

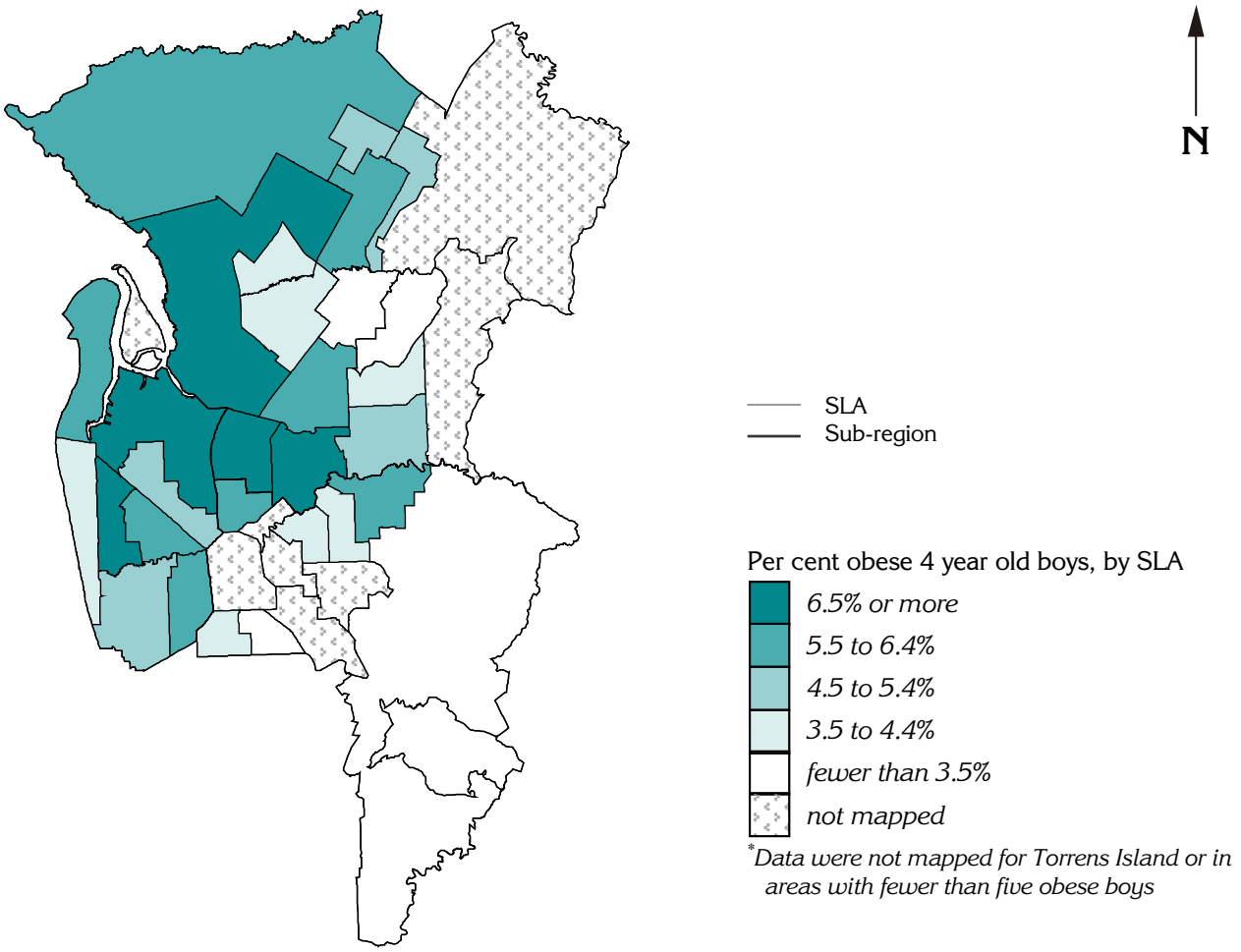


Table 36: Obese four year old boys, CNAHS, 2000 to 2003

Area	Number	Per cent
CNAHS		
Quintile 1: most advantaged areas	43	2.5
Quintile 2	90	4.4
Quintile 3	119	5.0
Quintile 4	130	5.9
Quintile 5: most disadvantaged areas	167	5.2
Rate ratio	**..**	**2.12***
Northern	**312**	**4.8**
Western	**147**	**5.7**
Central East	**89**	**3.5**
CNAHS	**548**	**4.7**
Southern	**202**	**4.1**
Metropolitan regions	**751**	**4.5**
State total	**1,148**	**4.5**

Map 36: Twelve year olds with no decayed, missing or filled teeth, CNAHS, 2002 to 2004

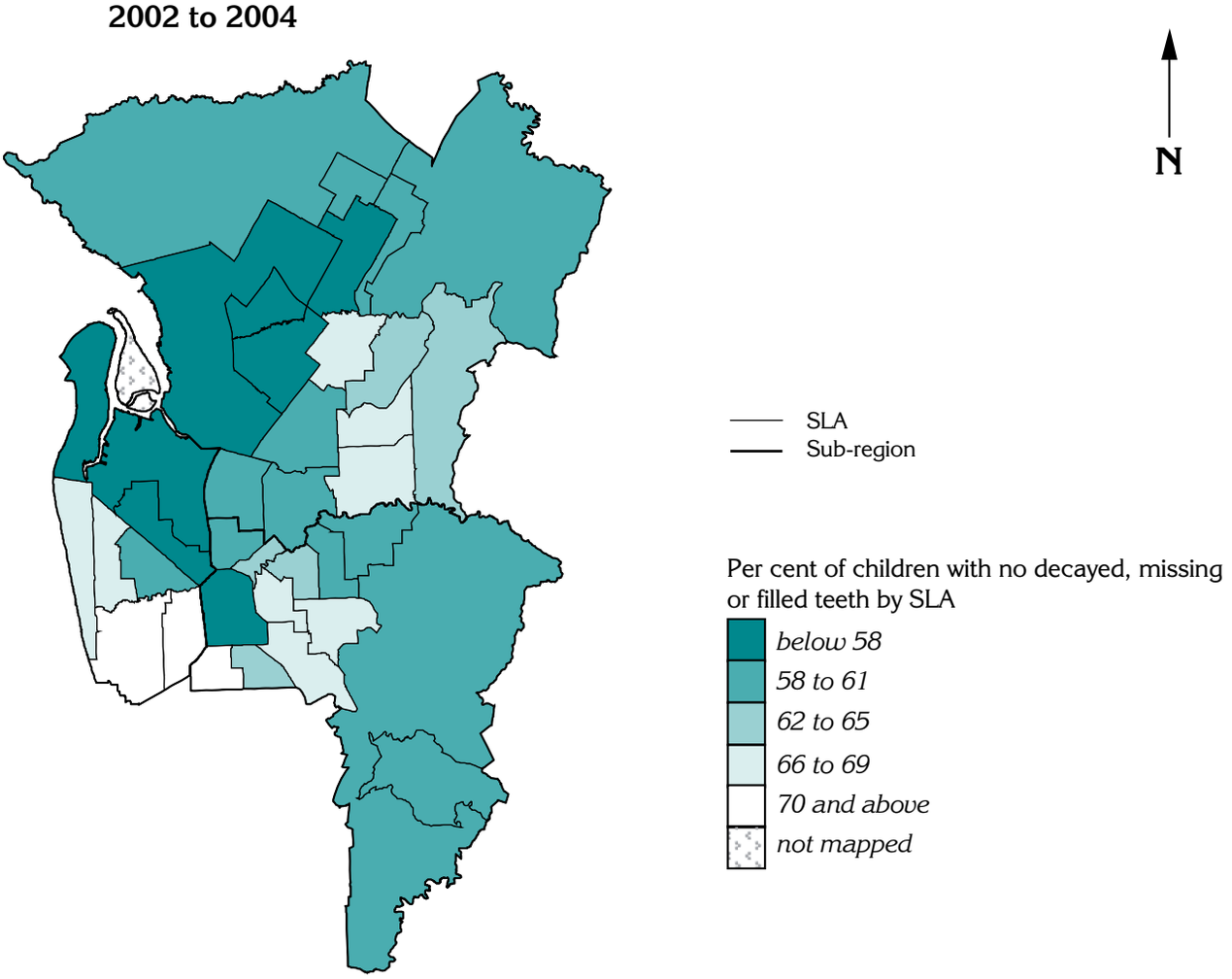


Table 37: Twelve year olds with no decayed, missing or filled teeth, CNAHS, 2002 to 2004

Area	Number	Per cent
CNAHS		
Quintile 1: most advantaged areas	1,116	64.4
Quintile 2	1,540	64.1
Quintile 3	1,986	65.9
Quintile 4	1,768	62.3
Quintile 5: most disadvantaged areas	2,515	52.4
Rate ratio	**..**	**0.81****
Northern	**2,793**	**60.9**
Western	**1,589**	**60.0**
Central East	**1,050**	**62.0**
CNAHS	**5,432**	**60.9**
Southern	**3,051**	**67.3**
Metropolitan regions	**8,483**	**63.0**
State total	**12,254**	**61.2**

Map 43: Estimated prevalence of arthritis, CNAHS, 2001

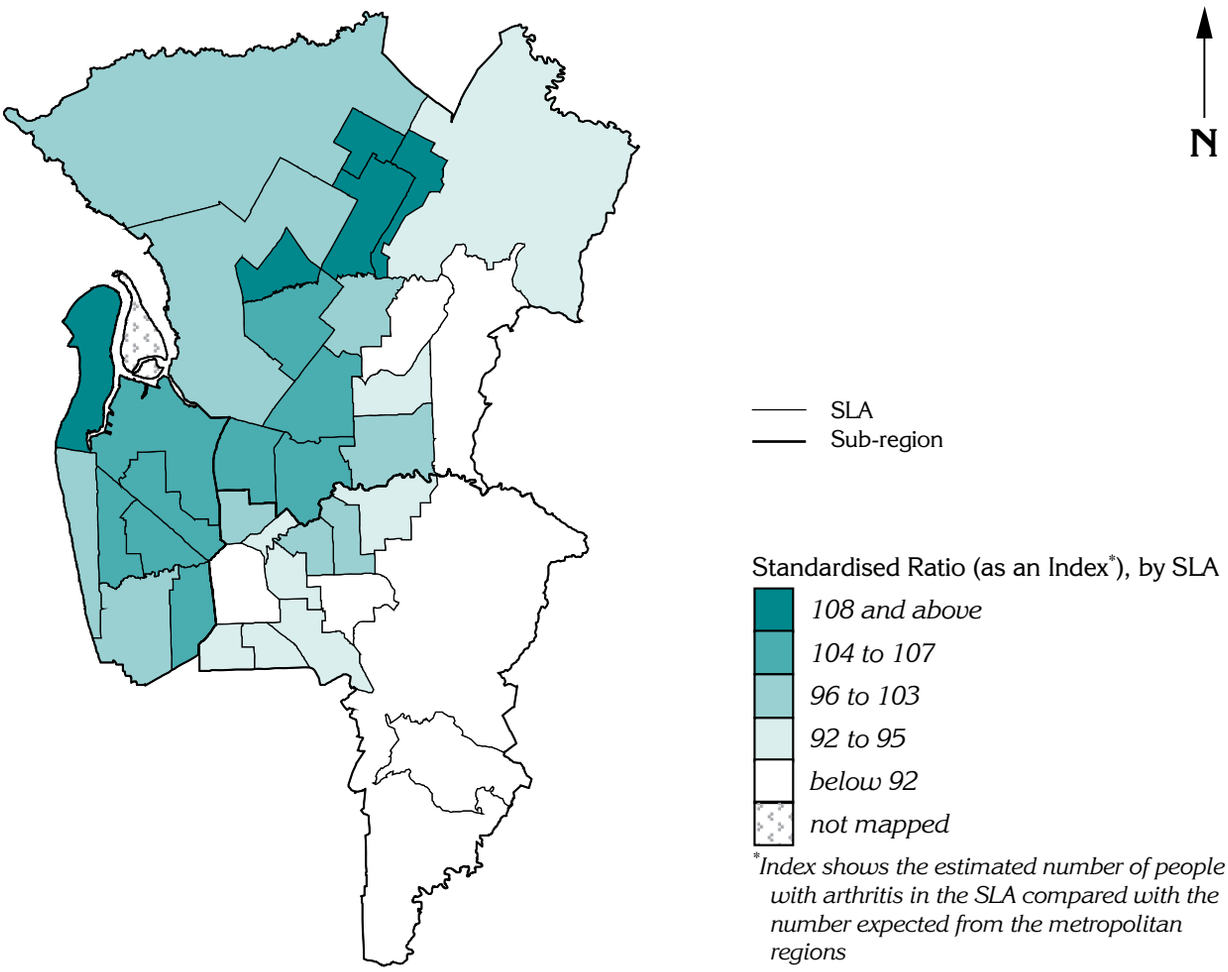


Table 44: Estimated prevalence of arthritis, CNAHS, 2001

Area	Number	Rate*	Standardised ratio
CNAHS			
Quintile 1: most advantaged areas	19,572	137.9	92**
Quintile 2	19,094	139.8	93**
Quintile 3	25,987	152.3	102*
Quintile 4	21,321	156.4	104**
Quintile 5: most disadvantaged areas	24,243	161.8	108**
Rate ratio	**..**	**1.17**	**1.17****
Northern	**43,564**	**153.9**	**103****
Western	**34,557**	**155.5**	**104****
Central East	**32,096**	**139.5**	**92****
CNAHS	**110,216**	**149.9**	**100**
Southern	**46,998**	**150.2**	**100**
Metropolitan regions	**157,214**	**150.0**	**100**

*Rate per 1,000 population

General medical practitioner services: male patients

Consultations with general medical practitioners: Unreferred attendances under Medicare for services provided by general and vocationally registered practitioners (not specialist medical practitioners), delivered at a surgery or clinic, a patient's home, or an institution: data from 2002/03

Overview

General practitioners offer a wide range of primary health care services and are the 'front line' of the Australian health care system. In metropolitan regions, low socioeconomic (SES) groups consult general practitioners more frequently than high SES groups [86]. The primary reason is their poorer health and hence greater medical need (however, distributional, operational and financial factors associated with the provision of general practice services are also important).

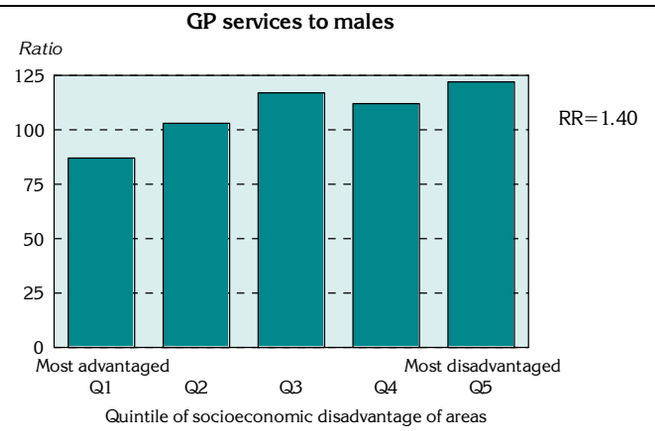
There were 1,622,154 GP services to males in the Central Northern region, 9 per cent more than expected from the State rates, given the age profile of males in the region (a standardised ratio (SR) of 109**) (Table 82). At the SLA level there is a marked separation between areas with high, and those with low, use of GP services by males (Map 80), closely following the pattern of socioeconomic disadvantage shown in Map 23, page 113.

A number of SLAs in the region had a higher than expected number of services for males, including Salisbury - Inner North (an SR of 140**, 62,044 services), Playford - East Central (138**, 47,087), Port Adelaide Enfield - Port (137**, 70,664) and Playford - Elizabeth (133**, 68,178). There were also elevated ratios in Charles Sturt - North-East (an SR of 129**, 65,680), Adelaide (127**, 34,777), Salisbury - Central (126**, 65,507), Playford - West Central (125**, 30,299), Port Adelaide Enfield - East (121**, 59,112), Playford - West (120**, 19,600), Salisbury - South-East (118**, 77,505), Charles Sturt - Inner East (118**, 52,142) and West Torrens - East (115**, 54,668).

The SLAs with the largest number of GP services used by males in Central Northern were Port Adelaide Enfield - Coast (69,273 services, an SR of 105**), Tea Tree Gully - South (66,424, 101), Charles Sturt - Coastal (63,869, 98**), West Torrens - West (60,925, 102**), Campbelltown - East (59,564, 110**), Charles Sturt - Inner West (57,592, 113**), Tea Tree Gully - Central (49,104, 97**), Salisbury - North-East (45,370, 104**), Tea Tree Gully - North (45,300, 98**), Campbelltown - West (42,646, 108**) and Port Adelaide Enfield - Inner (42,548, 104**).

The lowest ratios of GP services for males were recorded for Burnside - South-West (an SR of 77**, 31,834 services), followed by Tea Tree Gully - Hills (80**, 20,417), Walkerville (84**, 12,105), Unley - East (85**, 31,023), Adelaide Hills - Ranges (85**, 17,430) and Burnside - North-East (85**, 36,511).

There is a clear socioeconomic gradient in the use of GP services by males, with 40% more services to males in the most disadvantaged areas than to those in the most advantaged areas.



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

* indicates statistical significance: see page 19

Map 80: GP services to males, CNAHS, 2002/03

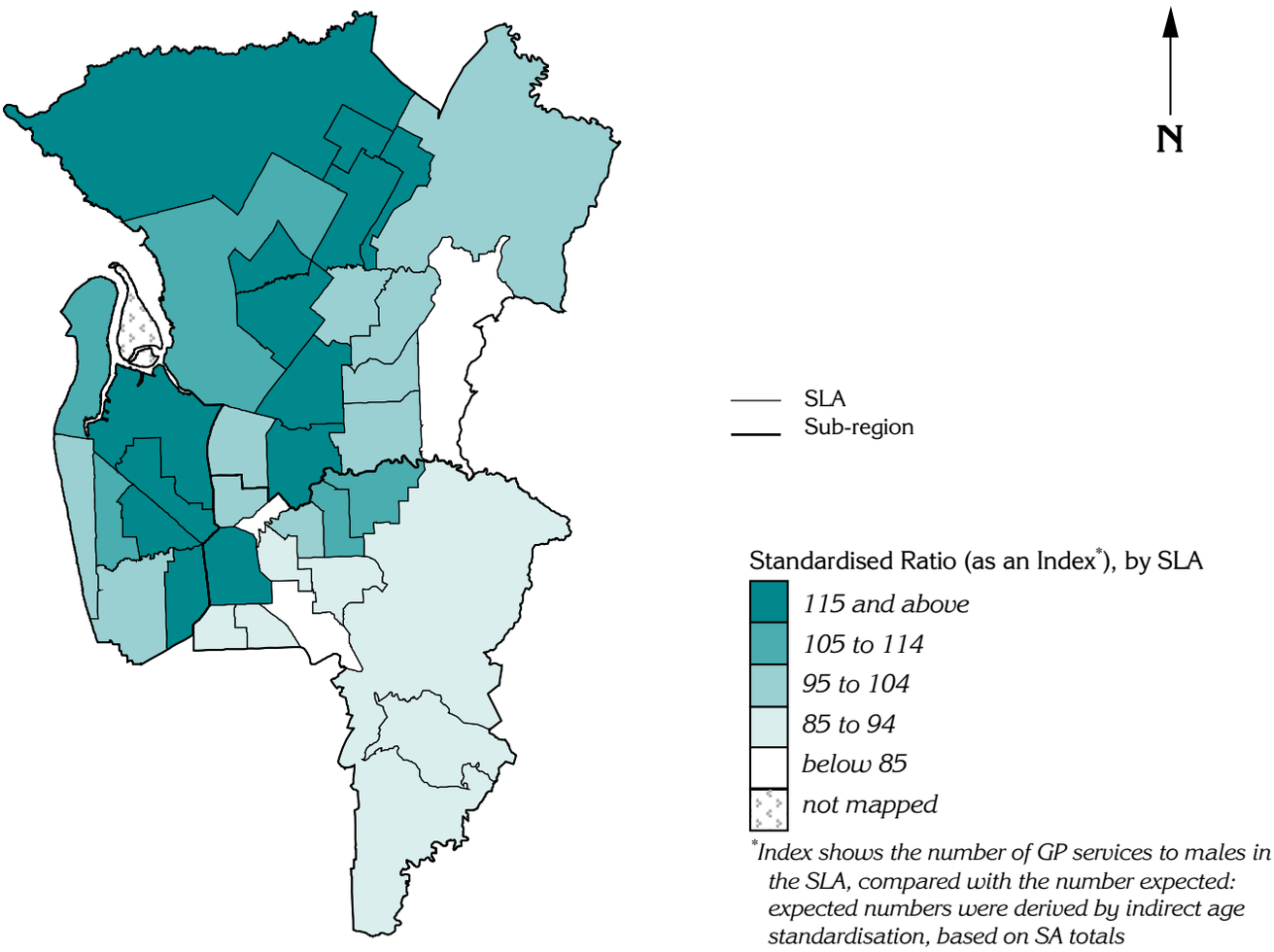


Table 82: GP services to males, CNAHS, 2002/03

Area	Number	Standardised ratio
CNAHS		
Quintile 1: most advantaged areas	233,278	87**
Quintile 2	288,812	103**
Quintile 3	372,465	117**
Quintile 4	311,321	112**
Quintile 5: most disadvantaged areas	416,206	122**
Rate ratio	..	**1.40****
Northern	**715,247**	**110****
Western	**494,813**	**121****
Central East	**412,022**	**96****
CNAHS	**1,622,082**	**109****
Southern	**618,008**	**97****
Metropolitan regions	**2,240,090**	**106****
State total	**2,993,485**	**100**

General medical practitioner services: female patients

Consultations with general medical practitioners: Unreferred attendances under Medicare: data from 2002/03

Overview

General practitioners offer a wide range of primary health care services and are the 'front line' of the Australian health care system. In metropolitan regions, low socioeconomic (SES) groups consult general practitioners more frequently than high-SES groups [86]. The primary reason is their poorer health and hence greater medical need (however, distributional, operational and financial factors associated with the provision of general practice services are also important).

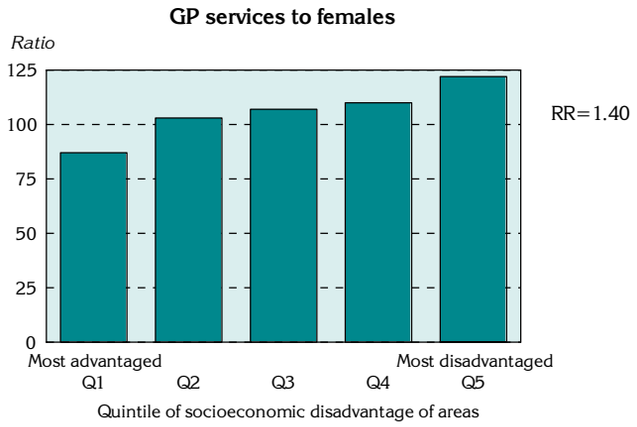
There were six per cent more GP services provided to females in the Central Northern region than expected (106**, 2,330,668) (Table 83), with a marked separation between areas with high, and those with low, use of GP services by females (Map 81), closely following the pattern of socioeconomic disadvantage shown in Map 23, page 113.

The most highly elevated standardised ratio (SR) was recorded for women in Salisbury - Inner North, with 44% more services than expected from the State rates (an SR of 144**, 86,277 services). There were also elevated SRs in Adelaide (139**, 50,182), Playford - East Central (132**, 62,413), Playford - West Central (129**, 41,474), Port Adelaide Enfield - Port (127**, 95,531), Playford - Elizabeth (125**, 93,288), Salisbury - Central (120**, 89,300), Salisbury - South-East (119**, 109,813), Port Adelaide Enfield - Coast (119**, 97,717), Playford - West (118**, 24,277), Charles Sturt - North-East (116**, 87,027) and Salisbury Balance (113**, 14,702).

Large numbers of GP services to women were recorded in the SLAs of Tea Tree Gully - South (96,347 services, an SR of 101), Charles Sturt - Coastal (91,512, 96**), West Torrens - West (90,248, 99*), Port Adelaide Enfield - East (108**, 88,420), Campbelltown - East (107**, 84,323), Charles Sturt - Inner West (81,038, 109**), West Torrens - East (74,153, 106**) and Tea Tree Gully - Central (72,504, 101**).

The SLA with the lowest SR in the metropolitan regions was Walkerville (an SR of 83**, 18,779 services). There were also fewer services than expected in Burnside - South-West (85**, 56,514), Unley - East (86**, 53,324), Unley - West (87**, 45,052), Norwood Payneham and St Peters - West (87**, 47,128), Burnside - North-East (88**, 59,546), Adelaide Hills - Ranges (89**, 23,539), Tea Tree Gully - Hills (89**, 29,950) and Adelaide Hills - Central (91**, 31,805).

As seen for males, there is a clear socioeconomic gradient in the use of GP services by females, with 40% more services to females in the most disadvantaged areas than to those in the most advantaged areas.



Note: In the chart, Q1 to Q5 are groupings of areas (quintiles), where Q1 represents the most socioeconomically advantaged 20% of the population and Q5 represents the most socioeconomically disadvantaged 20%.

* indicates statistical significance: see page 19

Map 81: GP services to females, CNAHS, 2002/03

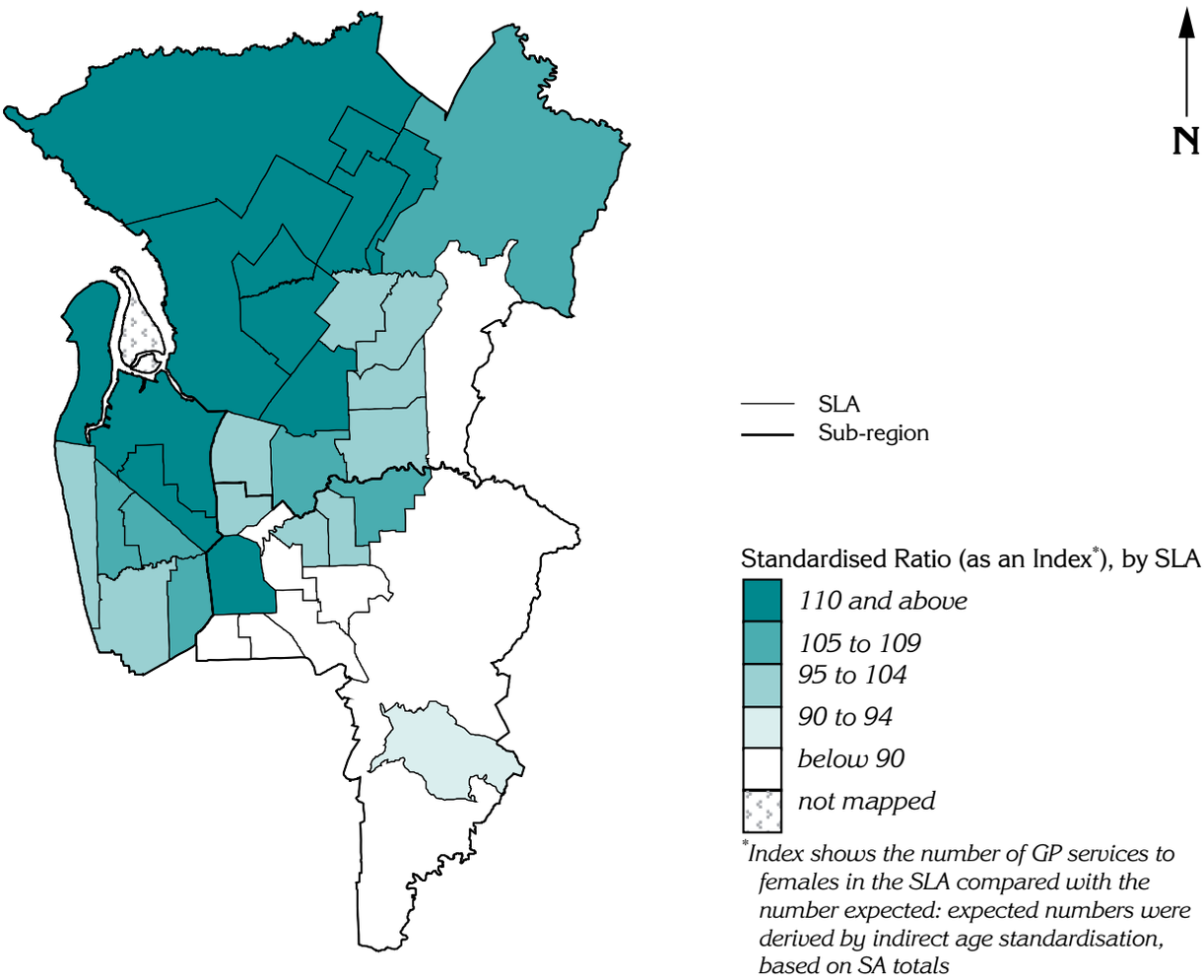


Table 83: GP services to females, CNAHS, 2002/03

Area	Number	Standardised ratio
CNAHS		
Quintile 1: most advantaged areas	373,130	87**
Quintile 2	418,832	103**
Quintile 3	536,568	107**
Quintile 4	435,052	110**
Quintile 5: most disadvantaged areas	567,003	122**
Rate ratio	**..**	**1.40****
Northern	**1,005,256**	**113****
Western	**686,964**	**109****
Central East	**638,365**	**95****
CNAHS	**2,330,668**	**107****
Southern	**928,426**	**99****
Metropolitan regions	**3,259,011**	**104****
State total	**4,283,072**	**100**

APPENDIX

More detailed definitions and data sources are on the PHIDU web site pages associated with this atlas at www.publichealth.gov.au.

Table A1: Data definitions for demography and socioeconomic status indicators

Topic and variable name	Numerator	Denominator
Demography		
children aged 0 to 4 yrs	all children aged from 0 to 4 yrs	total population
children aged 5 to 14 yrs	all children aged from 5 to 14 yrs	total population
young people aged 15 to 24 yrs	all young people aged from 15 to 24 yrs	total population
people aged 65 yrs and over	all people aged 65 yrs and over	total population
Families		
single parent families	single parent families with children under 15	all families
low income families[1]	families with income less than $26,000 p.a. [$500 per week]	all families with an income
jobless families with children aged under 15 yrs	families with children under 15 yrs in which no parent is employed	all families with children under 15 yrs
high income families[2]	families with income of $62,400 or more p.a. [$1,200 per week]	all families with an income
Labour force		
unemployment	population 15-64 yrs unemployed	population 15-64 yrs in labour force
unskilled and semi-skilled workers	intermediate production & transport workers; labourers & related workers	employed labour force
female labour force participation	females 20-54 yrs in the labour force	females 20 to 54 yrs
high status occupations[2]	managers & administrators; professionals	employed labour force
Education		
participation at age 16 yrs	people aged 16 years participating in full-time secondary education	all 16 year olds
Technology		
people who used the Internet at home	people who used the Internet at home in a one-week period	total population
Indigenous status		
Aboriginal and Torres Strait Islander people	people identifying in the Census as Aboriginal and/or Torres Strait Islanders	total population
People born in predominantly non-English speaking countries		
resident for 5 yrs or more	number born in predominately non-English speaking countries, resident for 5 yrs or more	total population
resident for less than 5 yrs	number born in predominately non-English speaking countries, resident for less than 5 yrs	total population
proficiency in English	people aged 5 yrs and over born in predominately non-English speaking countries who speak English 'not well' or 'not at all'	population aged 5 yrs and over
Housing		
public rental dwellings	occupied private dwellings rented from the State housing authority	all occupied private dwellings
rent assistance	renters receiving assistance from Centrelink	all households
Transport		
dwellings with no motor vehicle	occupied private dwellings with no motor vehicle garaged or parked on Census night	all occupied private dwellings

[1]When interpreting the figures for low income families in the text, it should be noted that the indicators of low income used in the comparisons ($12,000 per annum or less in 1986, $16,000 per annum or less in 1991, and $21,000 per annum or less in 1996) do not equate to equivalent incomes and have thus not been adjusted based on changes to buying power. Rather, they are based on categories of income available from the Census and denote comparability of income in 1986, 1991, 1996 and 2001, based on levels of income of recipients of the sole parents' pension and unemployment benefits.

[2]These variables were not mapped but are included in the correlation analysis.

[3]Also referred to as Aboriginal people, and the Indigenous population.

Source: Compiled from project sources