

Population health profile of the Adelaide Hills

Division of General Practice: supplement

Population Profile Series: No. 99a

PHIDU

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

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Population health profile of the Adelaide Hills Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Adelaide Hills Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Adelaide Hills Division of General Practice, as well as additional indicators and aspects of the Division's socioeconomic status, use of GP services and health. The contents are:

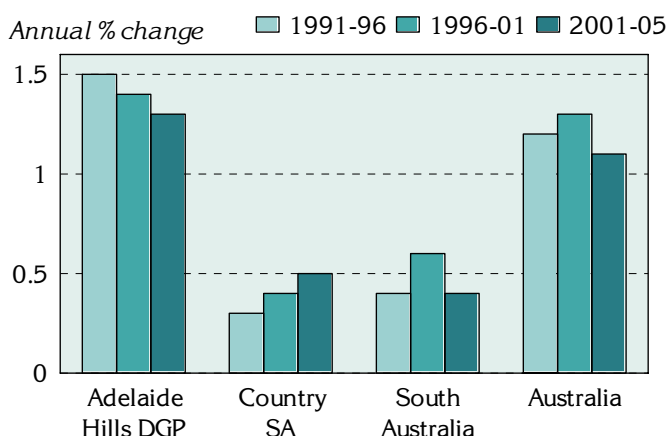
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions
- Avoidable mortality

For further information on the way Division totals in this report have been estimated, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Population

The Adelaide Hills Division had an Estimated Resident Population of 65,397 at 30 June 2005.

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



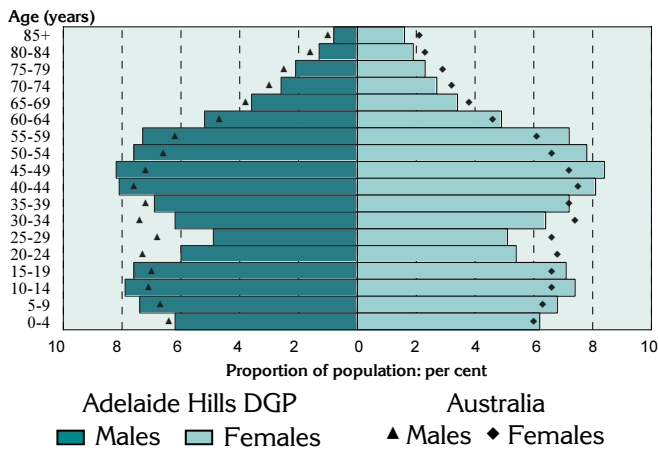
Over the five years from 1991 to 1996, the Division's population increased by 1.5% on average each year, well above the levels in country South Australia (0.3%) and South Australia (0.4%). From 1996 to 2001 and 2001 to 2005, the annual percentage increases in the Division were 1.4% and 1.3%, again well above the increases for country South Australia and for South Australia.

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

Age group (years)	Adelaide Hills DGP		Australia	
	No.	%	No.	%
0-14	13,704	21.0	3,978,221	19.6
15-24	8,520	13.0	2,819,834	13.9
25-44	17,348	26.5	5,878,107	28.9
45-64	18,517	28.3	4,984,446	24.5
65-74	4,046	6.2	1,398,831	6.9
75-84	2,468	3.8	954,143	4.7
85+	793	1.2	315,027	1.5
Total	65,397	100.0	20,328,609	100.0

As shown in the accompanying table and the accompanying table and the age-sex pyramid below (Figure 2), the Adelaide Hills DGP had a slightly higher proportion of the population aged 0 to 14 years (21.0%), compared to Australia as a whole (19.6%) (Table 1), with more also at ages 45 to 64 years (28.3%, compared to 24.5%). There were fewer people aged 15 to 24 years (13.0%) and aged 25 to 44 years (26.5%) compared to Australia (13.9% and 28.9%). The 65 years and over age groups also had relatively lower proportions.

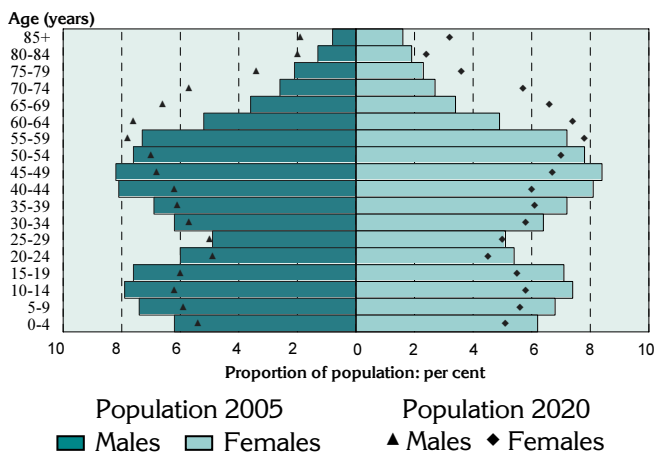
Figure 2: Population in Adelaide Hills DGP and Australia, by age and sex, 2005



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

- at younger ages – relatively more children and young people 0 to 19 years (excluding 0 to 4 year old boys);
- from 20 to 39 years – relatively fewer males and females (to 34 years);
- from 40 to 64 years – relatively more males and females; and
- at older ages – relatively fewer males and females at ages 65 years and over.

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



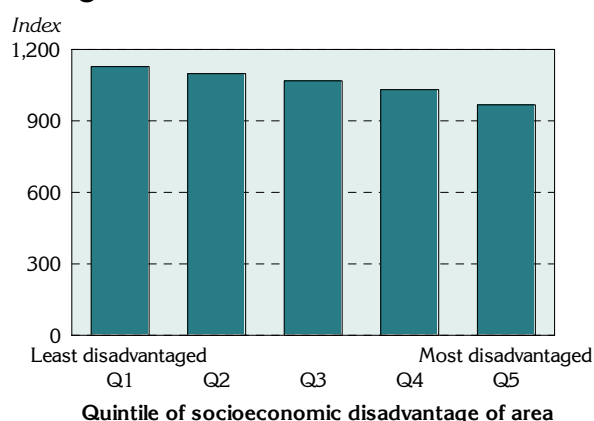
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of children and young people aged 0 to 19 years;
- from 20 to 54 years – lower proportions of males (other than at ages 25 to 29 years) and females; and
- from 55 years onwards – relatively more males and females, particularly between 60 and 74 years of age.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Adelaide Hills Division of General Practice*, dated November 2005, available from www.publichealth.gov.au, for other socio-demographic indicators.

Figure 4: Index of Relative Socio-Economic Disadvantage, Adelaide Hills DGP, 2001



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

The Adelaide Hills DGP has an index score of 1058, below the score for Australia of 1000: this score varies across the Division, from a score of 967 in the most disadvantaged areas to 1127 in the least disadvantaged areas.

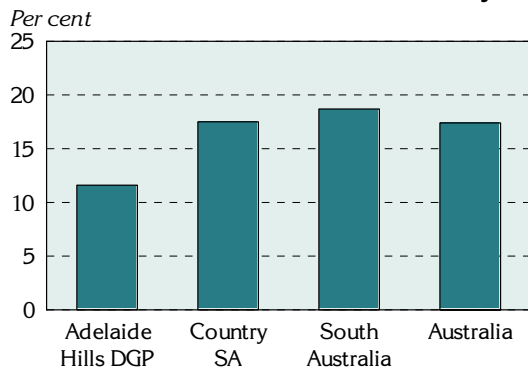
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 Adelaide Hills DGP (11.6%), 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 markedly higher proportion of people with private health insurance (60.1%) compared to country South Australia (43.5%) (Figure 5, Table 2).

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

Jobless families with children under 15 years old



Private health insurance, 30 June

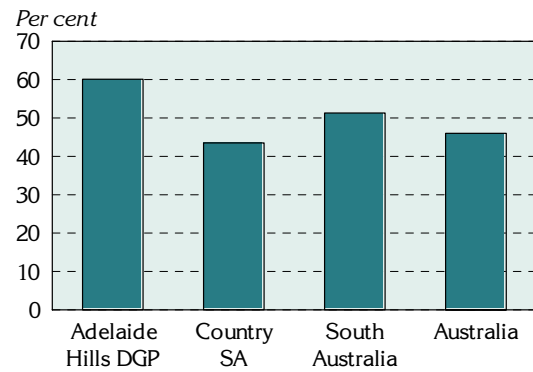
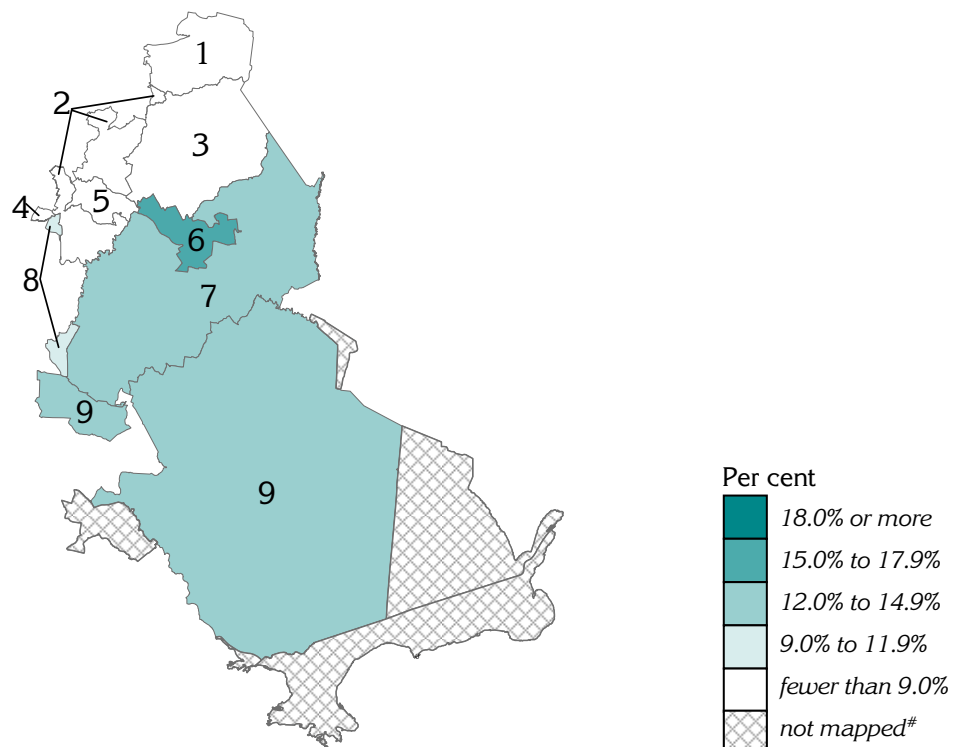


Table 2: Socio-demographic indicators, Adelaide Hills DGP, country South Australia, South Australia and Australia, 2001

Indicator	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	841	11.6	7,725	17.5	29,203	18.7	357,563	17.4
Private health insurance (30 June)	35,635	60.1	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.

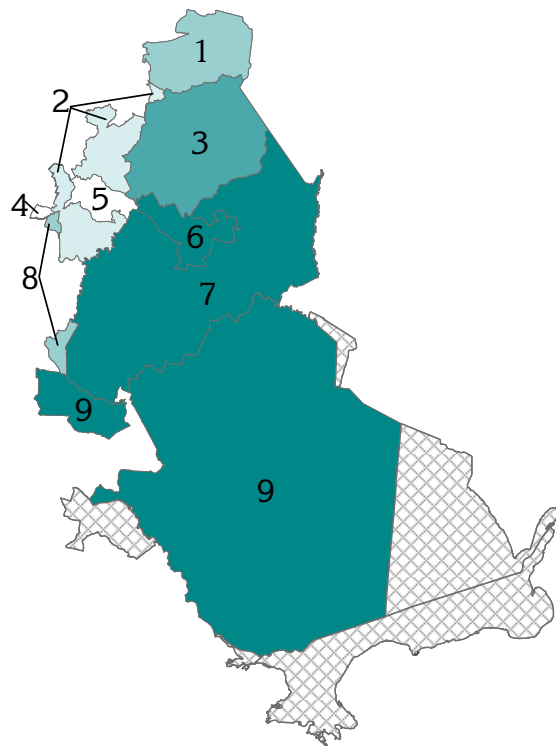
Map 1: Jobless families with children under 15 years of age by SLA, Adelaide Hills DGP, 2001



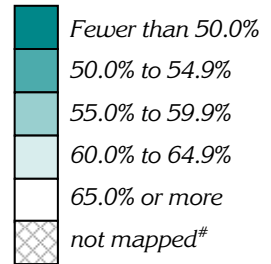
data were not mapped: see 'Mapping' note under Methods

For map labels: see next page

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



Per cent



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

Alphabetical key to Statistical Local Areas, Adelaide Hills DGP, 2001

Adelaide Hills - Central	5	Mitcham - Hills	4
Adelaide Hills - Ranges	2	Mount Barker - Central	6
Adelaide Hills - North	1	Mount Barker Balance	7
Adelaide Hills - Balance	3	Onkaparinga - Hills	8
Alexandrina - Strathalbyn	9		

GP services to residents of the Adelaide Hills DGP

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

Over four fifths (84.4%) of all unreferral attendances to residents of Adelaide Hills DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 240,121 GP unreferral attendances (Table 3). A further 6.2% of unreferral attendances to residents were provided by GPs with a provider number in Adelaide Central and Eastern DGP, with 3.6% provided by GPs in Southern DGP.

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

Division		Unreferral attendances	
Number	Name	No.	% ³
514	Adelaide Hills DGP	240,121	84.4
504	Adelaide Central and Eastern DGP	17,742	6.2
505	Southern DGP	10,194	3.6
503	Adelaide North East DGP	3,488	1.2
501	Adelaide Western DGP	2,974	1.0
506	Barossa DGP	2,693	0.9
Other	..	7,372	2.7
Total	..	284,584	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 514 by Division in which attendance occurred

Over four fifths (85.9%) of unreferral attendances provided by GPs with a provider number in Adelaide Hills DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 3.8% of unreferral attendances by GPs in the Division were to residents of Adelaide Central and Eastern DGP, with 3.4% to people living in Southern DGP.

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

Division		Unreferral attendances	
Number	Name	No.	% ³
514	Adelaide Hills DGP	240,121	85.9
504	Adelaide Central and Eastern DGP	10,518	3.8
505	Southern DGP	9,509	3.4
513	Murray Mallee DGP	4,321	1.5
506	Barossa DGP	3,863	1.4
503	Adelaide North East DGP	3,235	1.2
501	Adelaide Western DGP	2,669	1.0
Other	..	5,286	1.8
Total	..	279,522	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 514 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Adelaide Hills 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 fewer people in Adelaide Hills DGP who had asthma and were smokers, compared to country South Australia or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower (although only slightly lower than the national rates). Similarly, there were fewer people in Adelaide Hills 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, Adelaide Hills DGP, country South Australia and Australia, 2001

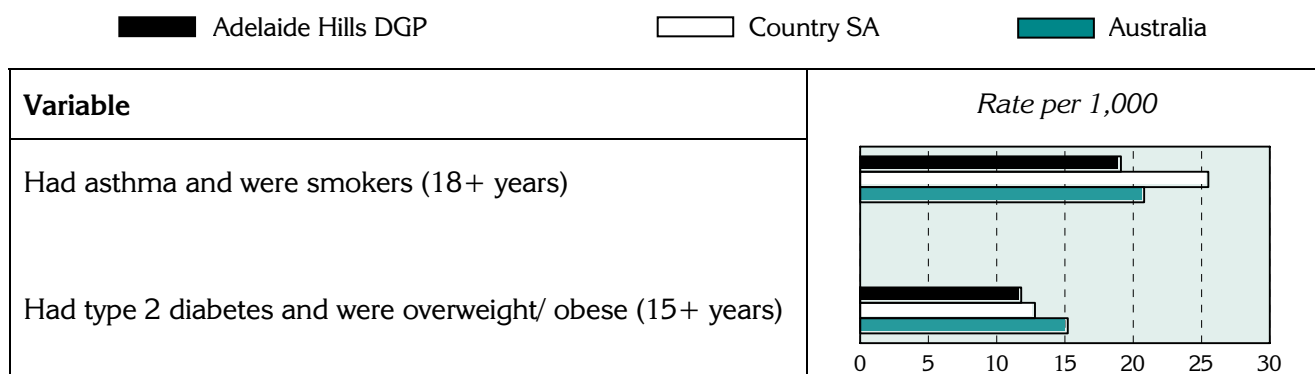


Table 5: Estimates of selected chronic diseases and risk factors, Adelaide Hills DGP, country South Australia, South Australia and Australia, 2001

Variable	Adelaide Hills 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	1,076	19.1	9,057	25.5	32,487	22.3	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	669	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 Adelaide Hills 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 1,409 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.3% of all admissions in the Adelaide Hills DGP (Table 6, Figure 7), notably lower than the levels in South Australia (8.5) and Australia (8.7%).

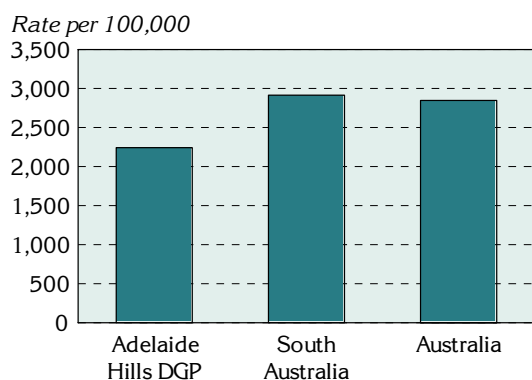
Table 6: Avoidable¹ and unavoidable hospitalisations, Adelaide Hills DGP, South Australia, and Australia, 2001/02

Category	Adelaide Hills DGP			South Australia			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	1,309	2,241.9	7.3	47,247	2,915.7	8.5	552,786	2,847.5	8.7
Unavoidable	16,713	28,040.1	92.7	507,053	32,039.4	91.5	5,818,199	29,970.7	91.3
Total	18,021	30,290.0	100.0	554,300	34,952.2	100.0	6,370,985	32,818.2	100.0

¹ Admissions resulting from ACS conditions

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

Figure 7: Avoidable hospitalisations¹, Adelaide Hills DGP, South Australia and Australia, 2001/02



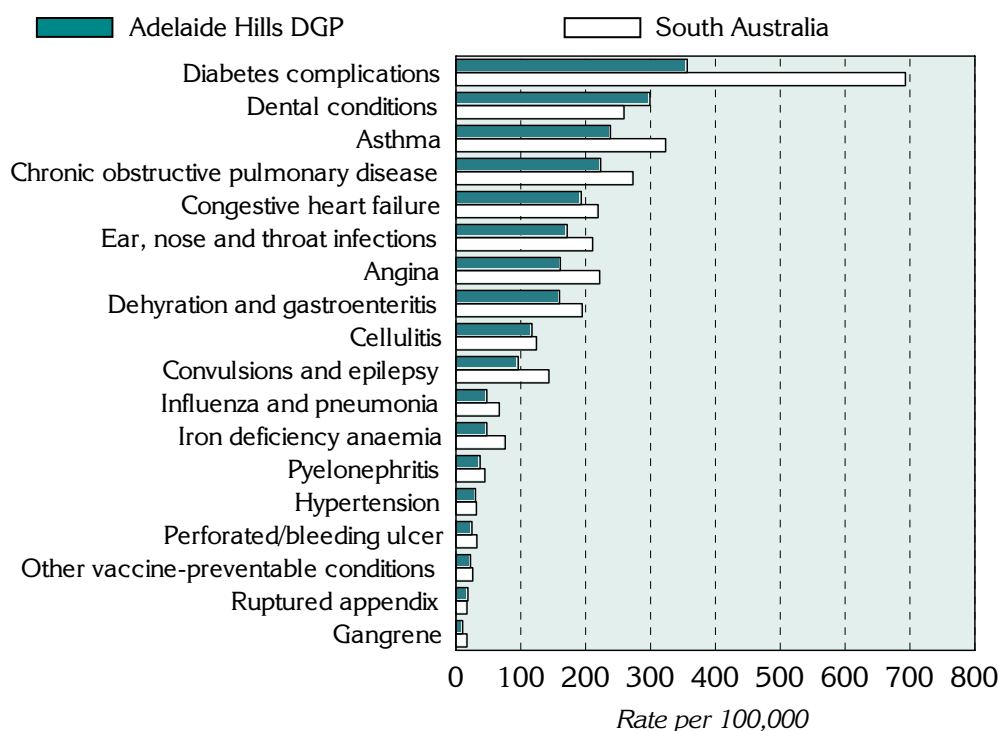
The rate of avoidable hospitalisations in Adelaide Hills DGP is markedly lower, a rate of 2,241.9 admissions per 100,000 population, compared to both South Australia (a rate of 2,915.7), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, dental conditions, asthma, chronic obstructive pulmonary disease and congestive heart failure were the five conditions with the highest rates of avoidable hospitalisations in the Adelaide Hills 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. 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 diabetes complications and asthma. Dental conditions and ear, nose and throat infections have the highest rates of avoidable hospitalisations for the acute conditions.

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



¹ Admissions resulting from ACS conditions: excludes nutritional deficiencies as less than ten admissions, and pelvic inflammatory disease as number of admissions insufficient

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

Sub-category/ condition	Adelaide Hills DGP		South Australia		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	42	70.4	1,466	92.9	16,573	85.4
Influenza and pneumonia	28	47.8	1,075	67.0	13,021	67.1
Other vaccine preventable	14	22.6	391	25.9	3,552	18.3
Chronic³	714	1,249.8	30,607	1,837.6	352,545	1,816
Diabetes complications	205	356.6	11,640	692.9	141,345	728.1
Iron deficiency anaemia	28	47.7	1,271	76.1	16,451	84.7
Hypertension	18	30.2	532	31.6	6,354	32.7
Congestive heart failure	101	193.2	3,900	219.1	42,447	218.6
Angina	92	161.0	3,778	221.6	49,963	257.4
Chronic obstructive pulmonary disease	122	223.0	4,710	272.9	54,853	282.6
Asthma	148	238.1	4,776	323.4	41,009	211.3
Acute	570	934.4	16,405	1,077.6	200,913	1,035
Dehydration and gastroenteritis	93	159.7	3,111	194.8	37,766	194.5
Convulsions and epilepsy	59	95.9	2,153	143.6	31,137	160.4
Ear, nose and throat infections	106	171.5	3,046	210.9	32,075	165.2
Dental conditions	189	299.1	3,831	259.2	43,667	224.9
Perforated/bleeding ulcer	14	24.7	555	32.5	5,795	29.9
Ruptured appendix	12	18.6	255	17.0	3,866	19.9
Pyelonephritis	22	37.3	681	44.7	7,386	38.0
Pelvic inflammatory disease	#	..	497	33.7	6,547	33.7
Cellulitis	69	117.3	1,987	124.1	28,204	145.3
Gangrene	6	10.3	289	17.1	4,470	23.0
Total avoidable hospitalisations⁴	1,309	2,241.9	47,247	2,915.7	552,786	2,847.5

¹ Admissions resulting from ACS conditions

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

³ Excludes nutritional deficiencies as less than ten admissions

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

Avoidable mortality

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

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

Over two thirds (69.7%) of all deaths in Adelaide Hills 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). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.6% of all deaths at ages 0 to 74 years in Adelaide Hills DGP, marginally lower than the 29.8% in country South Australia.

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

Mortality category	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	596	217.6	4,852	230.3	15,938	210.4	189,845	211.8
% of total	69.7	..	72.5	..	71.4	..	71.5	..
(Amenable)	(253)	(91.8)	(1,993)	(93.6)	(6,556)	(85.9)	(76,249)	(85.1)
(% of total)	(29.6)	(..)	(29.8)	(..)	(29.4)	(..)	(28.7)	(..)
Unavoidable	259	94.5	1,837	86.5	6,369	83.7	75,582	84.3
% of total	30.3	..	27.5	..	28.6	..	28.5	..
Total mortality	855	312.1	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. Adelaide Hills DGP's rate of avoidable mortality for males was 274.5 deaths per 100,000 males, higher than the rate of 159.9 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 97.1, compared to 86.4 for females, a rate ratio of 1.12 (Figure 9, Table 9).

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

Note: the different scales

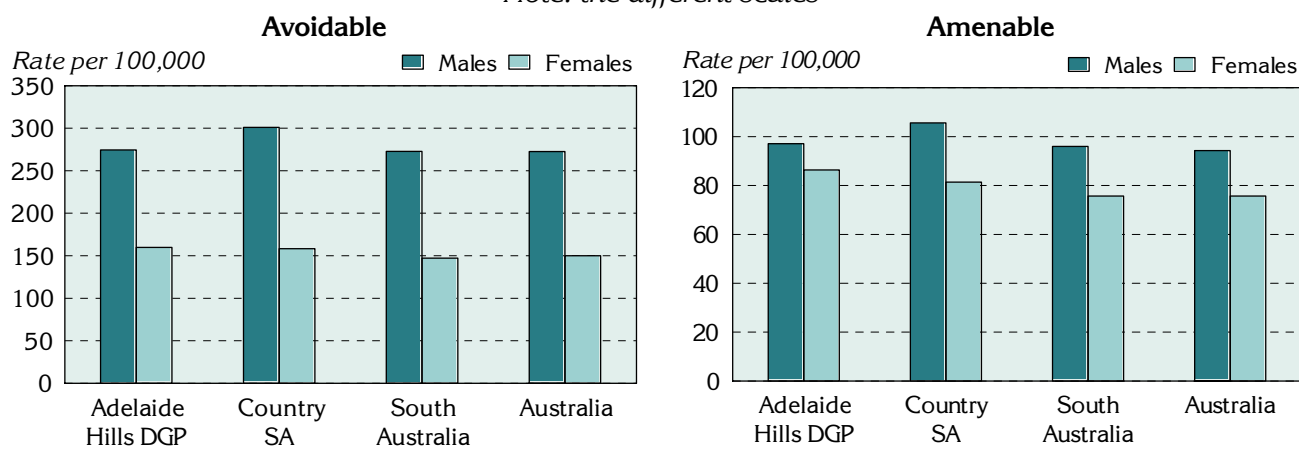


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Adelaide Hills DGP, country South Australia, South Australia and Australia, 1997 to 2001

Mortality category and sex	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	382	274.5	3,259	300.9	10,326	272.8	123,026	272.6
Females	214	159.9	1,593	158.3	5,612	147.2	66,819	150.1
Total	596	217.6	4,852	230.3	15,938	210.4	189,845	211.8
Rate ratio–M:F²	..	1.72**	..	1.90**	..	1.85**	..	1.82**
Amenable								
Males	136	97.1	1,169	105.6	3,671	96.0	42,568	94.3
Females	117	86.4	824	81.4	2,884	75.7	33,681	75.7
Total	253	91.8	1,993	93.6	6,556	85.9	76,249	85.1
Rate ratio–M:F²	..	1.12	..	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 Adelaide Hills 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 70.1% of total YLL (0 to 74 years) for Adelaide Hills DGP, lower than the 72.9% for country South Australia. The proportion of YLL from amenable mortality of 28.8% for Adelaide Hills DGP was consistent with the 28.9% for country South Australia.

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

Mortality category	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	10,328	70.1	83,705	72.9	273,135	71.8	3,327,375	71.9
(Amenable)	(4,244)	(28.8)	(33,165)	(28.9)	(108,777)	(28.6)	(1,298,430)	(28.0)
Unavoidable	4,395	29.9	31,059	27.1	107,223	28.2	1,303,289	28.1
Total	14,723	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 1,602.6 deaths per 100,000 population in the Adelaide Hills 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 268.1 in the Adelaide Hills Division.

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

Mortality category and age (years)	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	13	20.8	118	26.8	352	24.2	5,669	28.8
15-24	23	61.7	159	67.5	523	52.4	7,045	52.8
25-44	76	84.1	596	99.3	1,979	88.8	24,356	83.9
45-64	195	268.1	1,640	333.3	5,130	297.8	64,282	304.9
65-74	289	1,602.6	2,338	1439.0	7,954	1354.8	88,493	1,358.1
Total	596	217.6	4,852	230.3	15,938	210.4	189,845	211.8
Amenable								
0-24	11	10.3	101	14.1	324	13.3	5,083	15.4
25-44	21	22.2	146	23.8	507	22.6	5,946	20.5
45-64	93	128.5	710	144.8	2,248	130.1	27,464	130.3
65-74	127	709.5	1,036	641.3	3,477	591.6	37,756	579.4
Total	253	91.8	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 Adelaide Hills DGP were for cardiovascular diseases, a rate of 73.2 deaths per 100,000 population, and cancer, with a rate of 72.9 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 lung cancer, with rates of 53.0 per 100,000 population and 19.2 per 100,000, respectively.

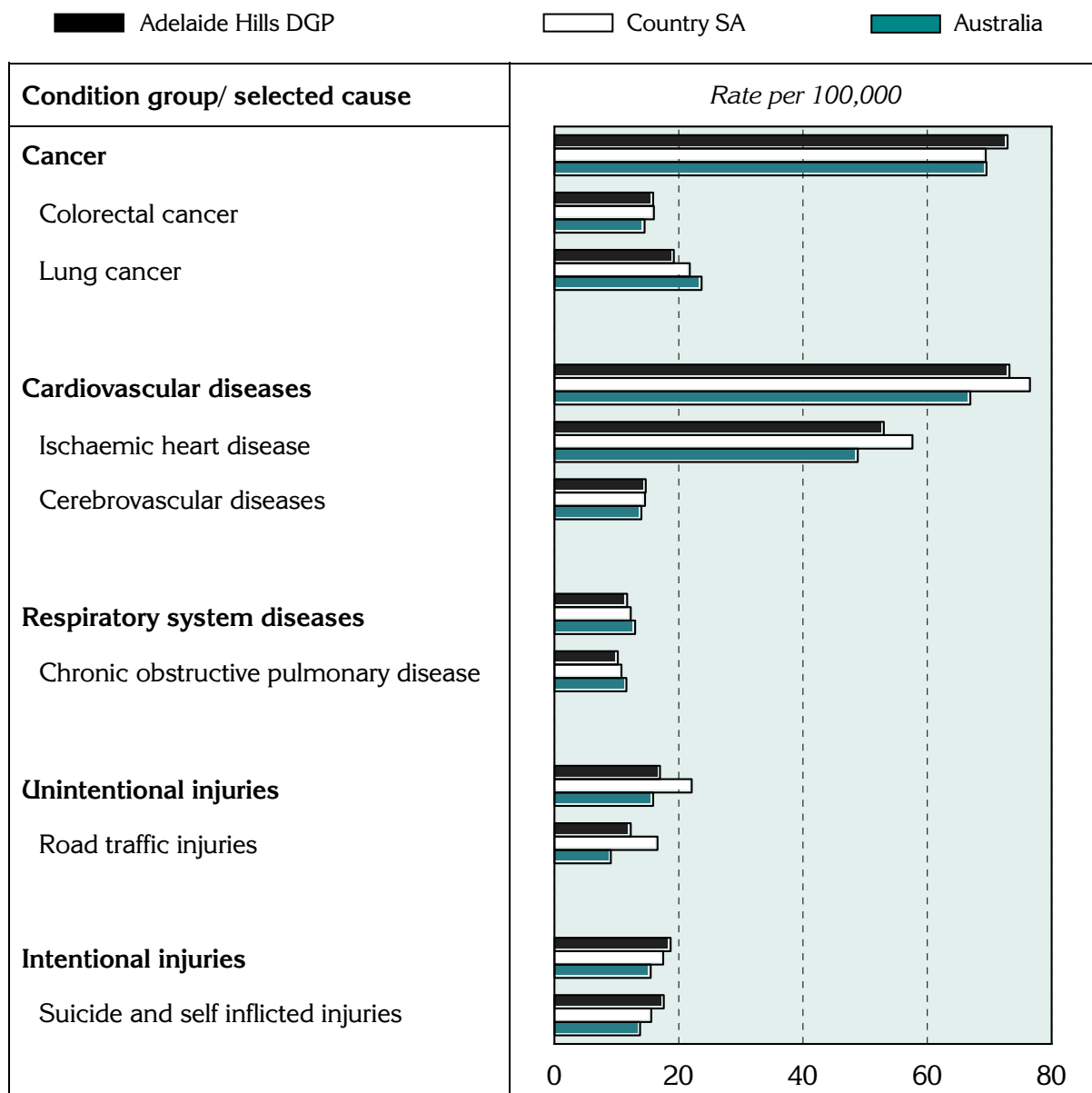
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Adelaide Hills DGP, country South Australia, South Australia and Australia, 1997 to 2001

Condition group/ selected cause	Adelaide Hills DGP		Country SA		South Australia		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	202	72.9	1,489	69.4	5,209	67.8	62,338	69.5
Colorectal cancer	44	15.9	346	16.0	1,142	14.8	13,008	14.5
Lung cancer	52	19.2	477	21.8	1,728	22.3	21,208	23.7
Cardiovascular diseases	197	73.2	1,669	76.5	5,324	68.5	59,945	66.9
Ischaemic heart disease	144	53.0	1,260	57.6	3,918	50.5	43,712	48.8
Cerebrovascular diseases	39	14.7	316	14.6	1,086	13.9	12,558	14.0
Respiratory system diseases	31	11.7	270	12.3	897	11.4	11,612	13.0
Chronic obstructive pulmonary disease	26	10.2	239	10.8	783	9.9	10,395	11.6
Unintentional injuries	47	17.0	412	22.1	1,085	15.5	14,224	15.9
Road traffic injuries	34	12.3	307	16.6	687	9.9	8,138	9.1
Intentional injuries	52	18.7	329	17.5	1,138	16.3	13,891	15.5
Suicide and self inflicted injuries	49	17.6	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 above, or consistent with, those for Australia for all condition groups and selected causes other than for lung cancer, for which the rate was lower (Figure 10). In a few instances, the rates in the Division were below those for country South Australia.

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Adelaide Hills 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 Adelaide Hills 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, all of the Local Government Areas (LGAs) have been split into SLAs. For example, Mount Barker is comprised of two SLAs – Mount Barker - Central (all of which is in the Division), and Mount Barker - Balance (the majority of which is in the Division). These SLAs and all or parts of the other SLAs listed in Table 14 comprise the Division.

Table 14: SLAs and population in Adelaide Hills 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
40121	Adelaide Hills - Central	100.0	13,052
40124	Adelaide Hills - Ranges	72.5	7,496
40125	Adelaide Hills - North	30.9	2,094
40128	Adelaide Hills - Balance	92.3	8,185
40224	Alexandrina - Strathalbyn	88.3	8,166
44341	Mitcham - Hills	1.1	272
44551	Mount Barker - Central	100.0	17,723
44554	Mount Barker Balance	96.8	8,193
45342	Onkaparinga - Hills	1.9	216

* 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

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Further developments and updates

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

PHIDU contact details

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