Population health profile of the

Greater South Eastern

Division of General Practice: supplement

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Population health profile
of the Greater South Eastern Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Greater South Eastern Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Greater South Eastern 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 Greater South Eastern Division had an Estimated Resident Population of 185,985 at 30 June 2005.

Figure 1: Annual population change, Greater South Eastern DGP, Melbourne, Victoria and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005
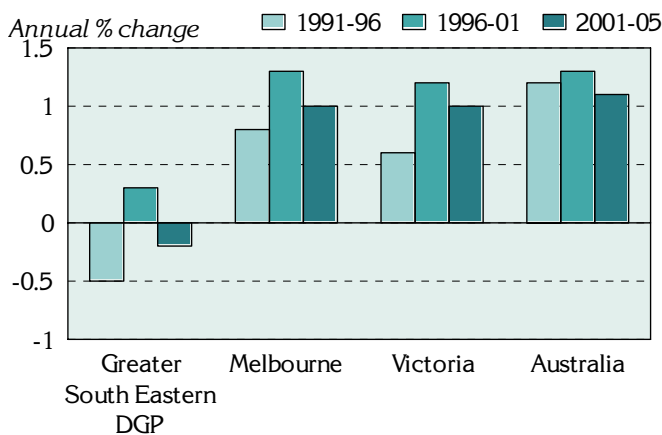
Over the five years from 1991 to 1996, the Division's population decreased by 0.5% on average each year, compared with increases of 0.8% in Melbourne, 0.6% in Victoria, and 1.2% for Australia as a whole. From 1996 to 2001, the population increased by 0.3%, lower than the increases for the other areas (1.3%, 1.2% and 1.3% respectively). From 2001 to 2005 the population decreased by an average of 0.2% per year, compared with annual increases of 1.0% for Melbourne and Victoria, and 1.1% for Australia.

Table 1: Population by age, Greater South Eastern DGP and Australia, 2005

Age group (years)	Greater South Eastern DGP		Australia	
	No.	%	No.	%
0-14	28,669	15.4	3,978,221	19.6
15-24	28,628	15.4	2,819,834	13.9
25-44	51,228	27.5	5,878,107	28.9
45-64	47,181	25.4	4,984,446	24.5
65-74	16,225	8.7	1,398,831	6.9
75-84	10,564	5.7	954,143	4.7
85+	3,491	1.9	315,027	1.5
Total	**185,985**	**100.0**	**20,328,609**	**100.0**

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Greater South Eastern DGP had relatively fewer children than Australia as a whole, with 15.4% at ages 0 to 14 years (compared to 19.6% for Australia) (Table 1). Conversely, the 45 years and over age groups had higher proportions compared to Australia.

Figure 2: Population in Greater South Eastern DGP and Australia, by age and sex, 2005
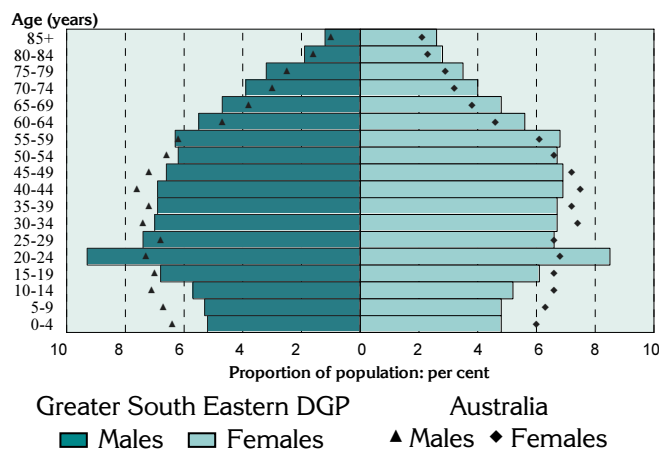
The age distribution of the Division's population is similar to that for Australia overall. The most notable differences are:
- at younger ages – lower proportions of children & young people aged 0 to 19 years;
- from 20 to 24 years – a notably higher proportion of both males and females;
- from 29 to 54 years – lower proportions of females to aged 29 to 49 years, and males aged 30 to 54 years; and
- at 55 years and over – higher proportions of both males and females.

Figure 3: Population projections for Greater South Eastern 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, teenagers and young adults, aged 0 to 24 years;
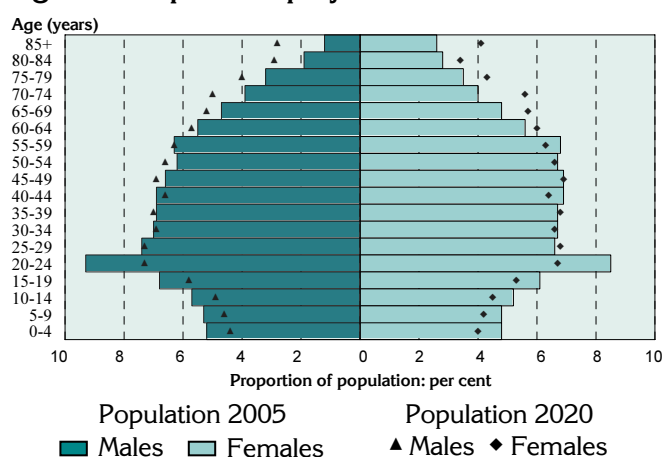- from 40 to 44 years – lower proportions of both males and females;
- from 45 to 54 – higher proportions of males and lower proportions of females; and
- from 60 years onwards – higher proportions of both males and females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Greater South Eastern 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, Greater South Eastern DGP, 2001
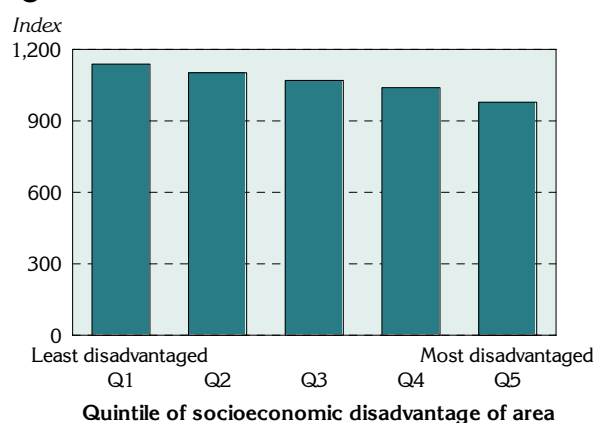
One of four socioeconomic indexes for areas produced at the 2001 ABS Census is the Index of Relative Socio-Economic Disadvantage.

The Greater South Eastern DGP has an index score of 1065, above the score for Australia of 1000: this score varies across the Division, from a low of 978 in the most disadvantaged areas to 1138 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 Greater South Eastern DGP (9.8%), compared to Melbourne as a whole (14.7%) (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 (62.1%), compared to Melbourne (49.2%) (Figure 5, Table 2).

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Figure 5: Socio-demographic indicators, Greater South Eastern DGP, Melbourne, Victoria and Australia, 2001

Jobless families with children under 15 years old
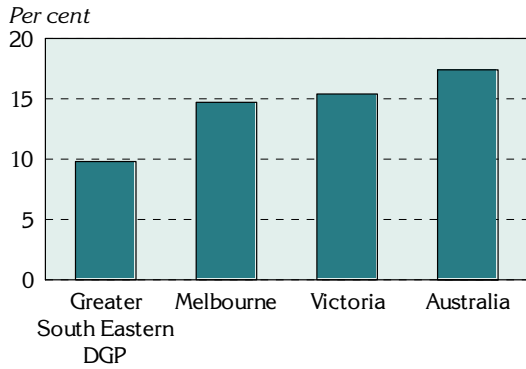
Private health insurance, 30 June
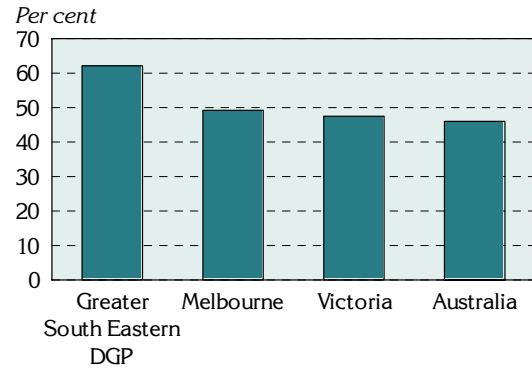
Table 2: Socio-demographic indicators, Greater South Eastern DGP, Melbourne, Victoria and Australia, 2001

Indicator	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	1,624	9.8	52,418	14.7	77,142	15.4	357,563	17.4
Private health insurance (30 June)	111,761	62.1	1,653,598	49.2	2,196,890	47.5	8,671,106	46.0

Details of the distribution of jobless families and of the population covered by private health insurance 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, Greater South Eastern DGP, 2001

Per cent
- 12.0% or more
- 10.0% to 11.9%
- 8.0% to 9.9%
- 6.0% to 7.9%
- fewer than 6.0%
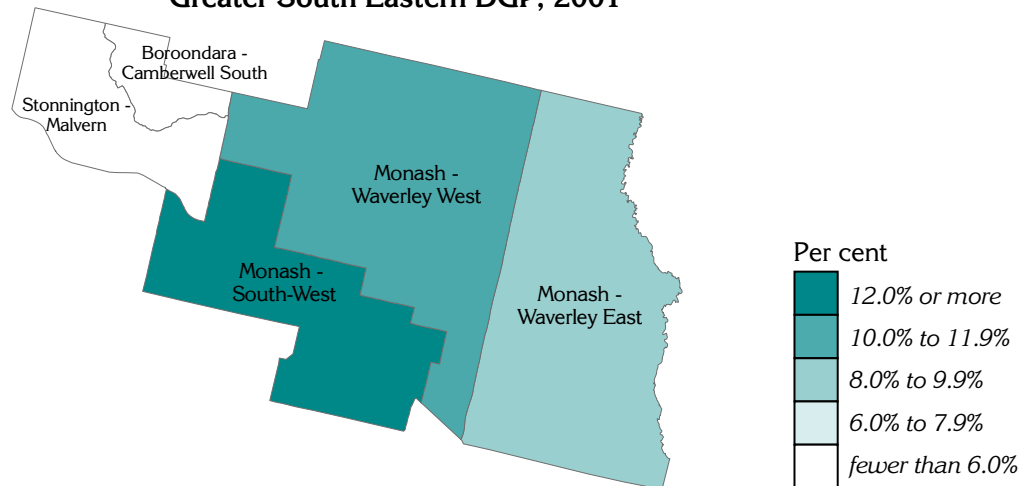
Map 2: People covered by private health insurance by SLA, Greater South Eastern DGP, 30 June 2001

Per cent
- fewer than 46.0%
- 46.0% to 53.9%
- 54.0% to 61.9%
- 62.0% to 69.9%
- 70.0% or more
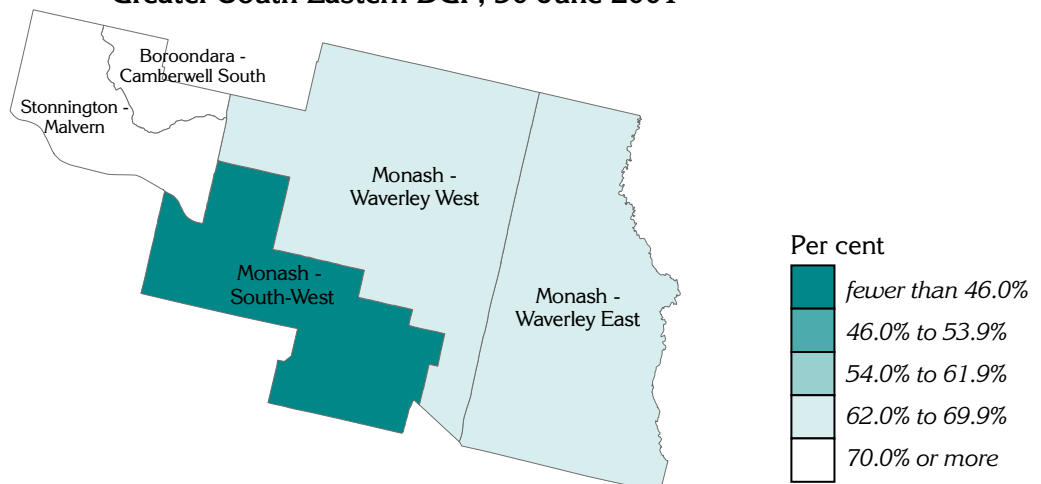
GP services to residents of the Greater South Eastern DGP

The following tables include information, purchased from Medicare Australia, of the movement of patients and GPs between Divisions. Note that the data only include 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.

Less than two thirds (60.1%) of all unreferred attendances to residents of Greater South Eastern DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 581,995 GP unreferred attendances (Table 3). A further 7.6% of unreferred attendances to residents were provided by GPs with a provider number in Monash DGP, with 6.5% provided by GPs in Inner Eastern Melbourne DGP.

Table 3: Patient flow – People living[1] in Greater South Eastern DGP by Division where attendance occurred[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
311	Greater South Eastern DGP	581,995	60.1
312	Monash DGP	73,487	7.6
303	Inner Eastern Melbourne DGP	63,301	6.5
304	Southcity DGP	61,688	6.4
310	Whitehorse DGP	58,021	6.0
315	Dandenong District DGP	41,763	4.3
301	Melbourne DGP	28,170	2.9
314	Knox DGP	21,729	2.2
Other	..	38,562	4.0
Total	..	**986,716**	**100.0**

[1] Based on address in Medicare records
[2] Division of GP based on provider number
[3] Proportion of all unreferred attendances of patients with an address in Division 311 by Division in which attendance occurred

Only 57.4% of unreferred attendances provided by GPs with a provider number in Greater South Eastern DGP were to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 11.8% of unreferred attendances by GPs in the Division were to residents of Monash DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs[1] in Greater South Eastern DGP by Division of patient address[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
311	Greater South Eastern DGP	581,995	57.4
312	Monash DGP	119,468	11.8
315	Dandenong District DGP	73,764	7.3
310	Whitehorse DGP	50,268	5.0
314	Knox DGP	46,267	4.6
303	Inner Eastern Melbourne DGP	26,732	2.6
304	Southcity DGP	25,102	2.5
313	Central Bayside DGP	24,695	2.4
Other	..	66,020	6.5
Total	..	**1,014,311**	**100.0**

[1] Division of GP based on provider number
[2] Based on address in Medicare records
[3] Proportion of all unreferred attendances to GPs with a provider number in Division 311 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Greater South Eastern 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 fewer people in Greater South Eastern DGP who had asthma and were smokers, compared to Melbourne or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower. There were marginally fewer people in Greater South Eastern DGP who had type 2 diabetes and were overweight/ obese, compared to Melbourne or Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Greater South Eastern DGP, Melbourne and Australia, 2001

Table 5: Estimates of selected chronic diseases and risk factors, Greater South Eastern DGP, Melbourne, Victoria and Australia, 2001

Variable	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.[1]	Rate[2]	No.[1]	Rate[2]	No.[1]	Rate[2]	No.[1]	Rate[1]
Had asthma & smoked[3]	2,556	13.1	66,240	18.4	95,664	19.9	397,734	20.8
Had type 2 diabetes & were overweight/ obese[4]	2,989	14.8	50,057	15.6	69,192	15.1	283,176	15.2

[1] No. is a weighted estimate of the number of people in Greater South Eastern 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 4,873 admissions from ambulatory care sensitive (ACS) conditions accounted for 7.2% of all admissions in the Greater South Eastern DGP (Table 6, Figure 7), notably below the levels in Victoria (8.8%) and Australia (8.7%).

Table 6: Avoidable[1] and unavoidable hospitalisations, Greater South Eastern DGP, Victoria, and Australia, 2001/02

Category	Greater South Eastern DGP			Victoria			Australia		
	No.	Rate[2]	%	No.	Rate[2]	%	No.	Rate[2]	%
Avoidable[1]	4,873	2,432.9	7.2	145,135	2,983.2	8.8	552,786	2,847.5	8.7
Unavoidable	62,431	31,183.5	92.8	1,510,437	31,088.3	91.2	5,818,199	29,970.7	91.3
Total	67,304	33,616.2	100.0	1,655,572	34,071.5	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], Greater South Eastern DGP, Victoria and Australia, 2001/02
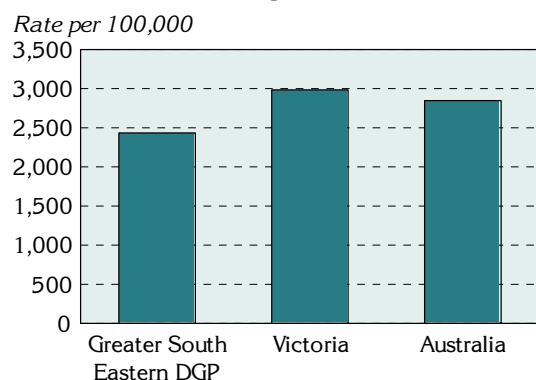
The rate of avoidable hospitalisations in Greater South Eastern DGP, 2,432.9 admissions per 100,000 population, is markedly lower than the rates for Victoria (a rate of 2,983.2) and notably below that for Australia (2,847.5).

[1] Admissions resulting from ACS conditions

Diabetes complications, dental conditions, angina, dehydration and gastroenteritis, and congestive heart failure, were the five conditions with the highest rates of avoidable hospitalisations in the Greater South Eastern 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. Dental conditions and, dehydration and gastroenteritis, have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations[1] by condition, Greater South Eastern DGP and Victoria, 2001/02
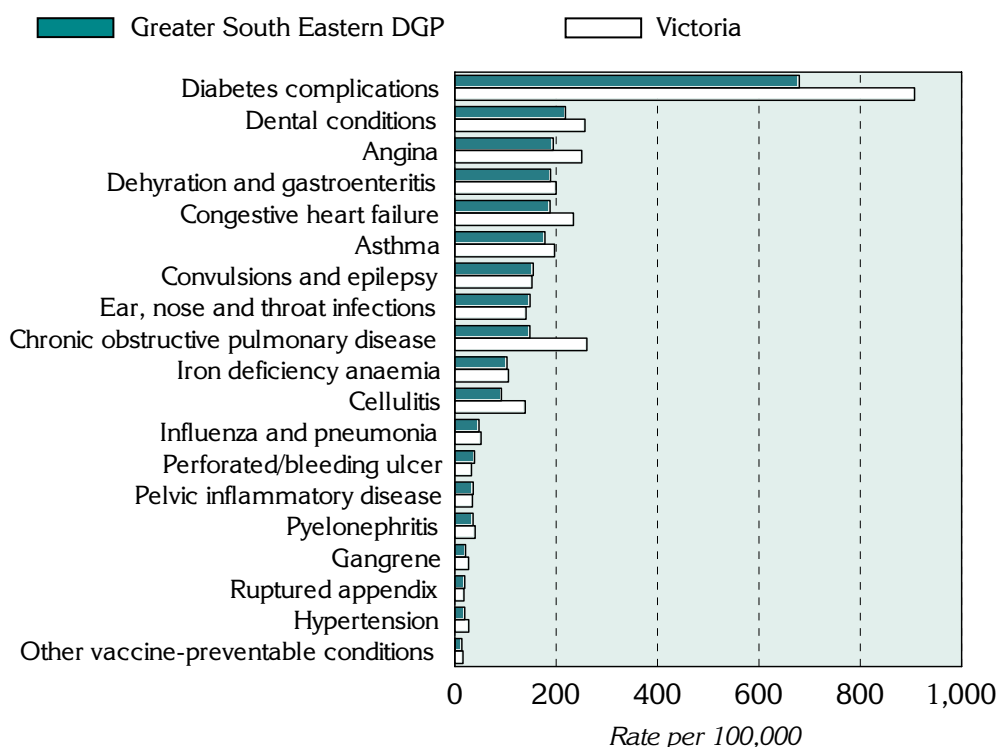
[1] Admissions resulting from ACS conditions: excludes nutritional deficiencies as less than ten admissions

Table 7: Avoidable hospitalisations[1] by condition, Greater South Eastern DGP, Victoria and Australia, 2001/02

Sub-category/ condition	Greater South Eastern DGP		Victoria		Australia	
	No.	Rate[2]	No.	Rate[2]	No.	Rate[2]
Vaccine-preventable	**119**	**61.7**	**3,293**	**68.0**	**16,573**	**85.4**
Influenza and pneumonia	93	47.6	2,525	52.0	13,021	67.1
Other vaccine preventable	26	14.1	768	16.0	3,552	18.3
Chronic[3]	**3,161**	**1,510.3**	**97,133**	**1,982.6**	**352,545**	**1,816**
Diabetes complications	1,449	679.5	44,409	906.9	141,345	728.1
Iron deficiency anaemia	215	103.1	5,196	105.9	16,451	84.7
Hypertension	41	19.5	1,362	27.7	6,354	32.7
Congestive heart failure	409	188.0	11,655	234.1	42,447	218.6
Angina	417	194.2	12,285	250.4	49,963	257.4
Chronic obstructive pulmonary disease	323	148.2	12,850	260.7	54,853	282.6
Asthma	307	177.8	9,376	196.9	41,009	211.3
Acute	**1,772**	**954.9**	**50,153**	**1,041.7**	**200,913**	**1,035**
Dehydration and gastroenteritis	385	189.1	9,761	200.0	37,766	194.5
Convulsions and epilepsy	279	154.8	7,297	152.4	31,137	160.4
Ear, nose and throat infections	243	148.5	6,653	140.5	32,075	165.2
Dental conditions	379	218.2	12,235	256.7	43,667	224.9
Perforated/bleeding ulcer	83	39.0	1,618	32.9	5,795	29.9
Ruptured appendix	36	19.7	855	17.9	3,866	19.9
Pyelonephritis	70	36.0	1,948	40.2	7,386	38.0
Pelvic inflammatory disease	69	36.4	1,693	34.8	6,547	33.7
Cellulitis	183	92.0	6,751	139.0	28,204	145.3
Gangrene	45	21.2	1,342	27.3	4,470	23.0
Total avoidable hospitalisations[4]	**4,873**	**2,432.9**	**145,135**	**2,983.2**	**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.

Over two-thirds (68.2%) of all deaths in Greater South Eastern DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly lower than the proportion for Melbourne (71.0%) (Table 8). However, the rate in the Division is markedly (20%) lower than that in Melbourne.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 29.5% of all deaths at ages 0 to 74 years in Greater South Eastern DGP, higher than the 28.7% in Melbourne.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Greater South Eastern DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable	1,567	154.7	30,654	193.0	45,466	201.3	189,845	211.8
% of total	**68.2**	..	**71.0**	..	**70.9**	..	**71.5**	..
(Amenable)	(679)	(66.9)	(12,406)	(78.4)	(18,406)	(81.4)	(76,249)	(85.1)
(% of total)	**(29.5)**	**(..)**	**(28.7)**	**(..)**	**(28.7)**	**(..)**	**(28.7)**	**(..)**
Unavoidable	732	72.3	12,517	79.1	18,617	82.4	75,582	84.3
% of total	**31.8**	..	**29.0**	..	**29.1**	..	**28.5**	..
Total mortality	2,299	227.0	51,477	272.1	64,083	283.7	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. Greater South Eastern DGP's rate of avoidable mortality for males was 189.9 deaths per 100,000 males, higher than the rate of 118.9 for females. The rate of amenable mortality for males in the Division was also higher, 69.8, compared to 63.9 for females, a rate ratio of 1.09 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Greater South Eastern DGP, Melbourne, Victoria and Australia, 1997 to 2001
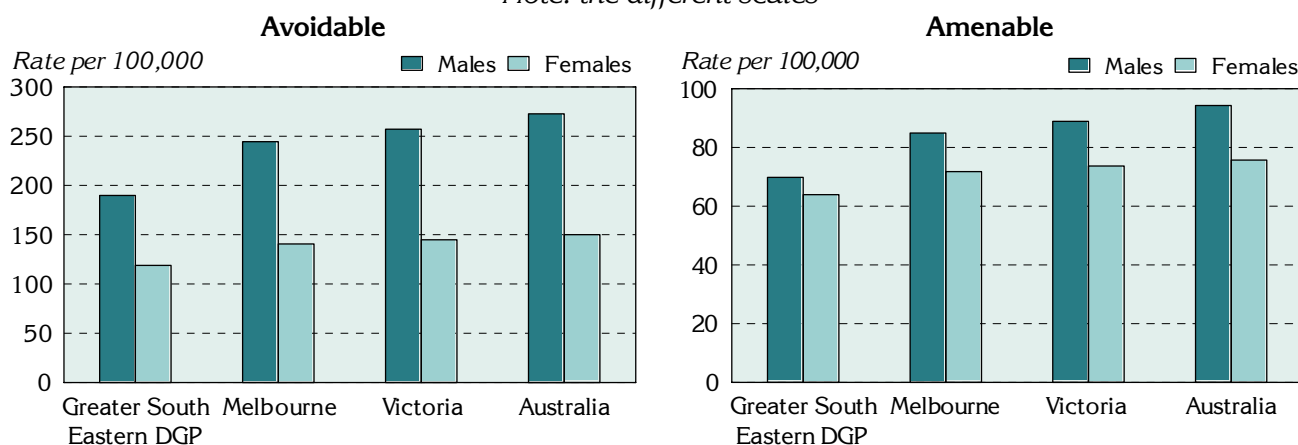
Note: the different scales

Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Greater South Eastern DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and sex	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
Males	967	189.9	19,378	244.5	29,042	257.0	123,026	272.6
Females	600	118.9	11,276	140.7	16,424	144.8	66,819	150.1
Total	**1,567**	**154.7**	**30,354**	**193.0**	**45,466**	**201.3**	**189,845**	**211.8**
Rate ratio–M:F[2]	..	1.60**	..	1.74**	..	1.77**	..	1.82**
Amenable								
Males	357	69.8	6,667	84.9	10,052	88.9	42,568	94.3
Females	321	63.9	5,739	71.8	8,354	73.7	33,681	75.7
Total	**679**	**66.9**	**12,406**	**78.4**	**18,406**	**81.4**	**76,249**	**85.1**
Rate ratio–M:F[2]	..	1.09	..	1.18**	..	1.21**	..	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 Greater South Eastern DGP, Melbourne, Victoria and Australia over the period of analysis are shown in Table 10 by mortality category. However, given the significant variance in the populations of these areas, a comparison of the proportion of YLL for each area is also shown.

YLL from avoidable mortality accounted for 68.5% of total YLL (0 to 74 years) for Greater South Eastern DGP, lower than the proportion for Melbourne. The proportion of YLL from amenable mortality for Greater South Eastern DGP (28.8%) was marginally higher than that for Melbourne (28.1%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Greater South Eastern DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	26,424	68.5	536,388	71.6	790,054	71.5	3,327,375	71.9
(Amenable)	(11,097)	(28.8)	(210,627)	(28.1)	(310,758)	(28.1)	(1,298,430)	(28.0)
Unavoidable	12,124	31.5	212,979	28.4	315,555	28.5	1,303,289	28.1
Total	**38,548**	**100.0**	**749,368**	**100.0**	**1,105,610**	**100.0**	**4,630,664**	**100.0**

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[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 1,043.8 deaths per 100,000 population in the Greater South Eastern 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 208.5 in the Greater South Eastern Division.

Table 11: Avoidable and amenable mortality by age, Greater South Eastern DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and age (years)	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
0-14	31	21.8	874	26.0	1,290	27.1	5,669	28.8
15-24	45	29.4	1,120	45.2	1,627	49.3	7,045	52.8
25-44	171	64.1	4,090	75.6	5,705	78.9	24,356	83.9
45-64	511	208.5	10,123	273.0	15,004	286.9	64,282	304.9
65-74	809	1,043.8	14,447	1265.1	21,840	1306.6	88,493	1,358.1
Total	**1,567**	**154.7**	**30,654**	**193.0**	**45,466**	**201.3**	**189,845**	**211.8**
Amenable								
0-24	27	10.7	836	14.6	1,189	14.9	5,083	15.4
25-44	44	17.0	963	18.0	1,382	19.1	5,946	20.5
45-64	241	97.4	4,398	118.2	6,489	123.8	27,464	130.3
65-74	366	473.2	6,209	542.7	9,348	558.6	37,756	579.4
Total	**679**	**66.9**	**12,406**	**78.4**	**18,406**	**81.4**	**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 Greater South Eastern DGP were for cancer, with a rate of 59.4 deaths per 100,000 population, and cardiovascular diseases, 45.9 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 32.7 per 100,000 population and 17.5 per 100,000, respectively.

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

Condition group/ selected cause	Greater South Eastern DGP		Melbourne		Victoria		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Cancer	**621**	**59.4**	**10,739**	**67.9**	**15,813**	**69.8**	**62,338**	**69.5**
Colorectal cancer	131	12.4	2,218	14.1	3,351	14.8	13,008	14.5
Lung cancer	186	17.5	3,505	22.3	5,244	23.1	21,208	23.7
Cardiovascular diseases	**480**	**45.9**	**8,946**	**56.8**	**13,612**	**60.0**	**59,945**	**66.9**
Ischaemic heart disease	342	32.7	6,377	40.6	9,809	43.3	43,712	48.8
Cerebrovascular diseases	112	10.7	2,013	12.7	2,947	12.9	12,558	14.0
Respiratory system diseases	**67**	**6.3**	**1,644**	**10.4**	**2,621**	**11.5**	**11,612**	**13.0**
Chronic obstructive pulmonary disease	60	5.6	1,451	9.2	2,339	10.2	10,395	11.6
Unintentional injuries	**102**	**11.1**	**2,394**	**14.6**	**3,536**	**15.9**	**14,224**	**15.9**
Road traffic injuries	61	6.6	1,192	7.3	1,931	8.7	8,138	9.1
Intentional injuries	**92**	**10.0**	**2,074**	**12.6**	**3,020**	**13.6**	**13,891**	**15.5**
Suicide and self inflicted injuries	79	8.5	1,877	11.4	2,752	12.3	12,393	13.8

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

Rates in the Division for all of the condition groups and selected causes were below those in Melbourne and Australia (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Greater South Eastern DGP, Melbourne and Australia, 1997 to 2001
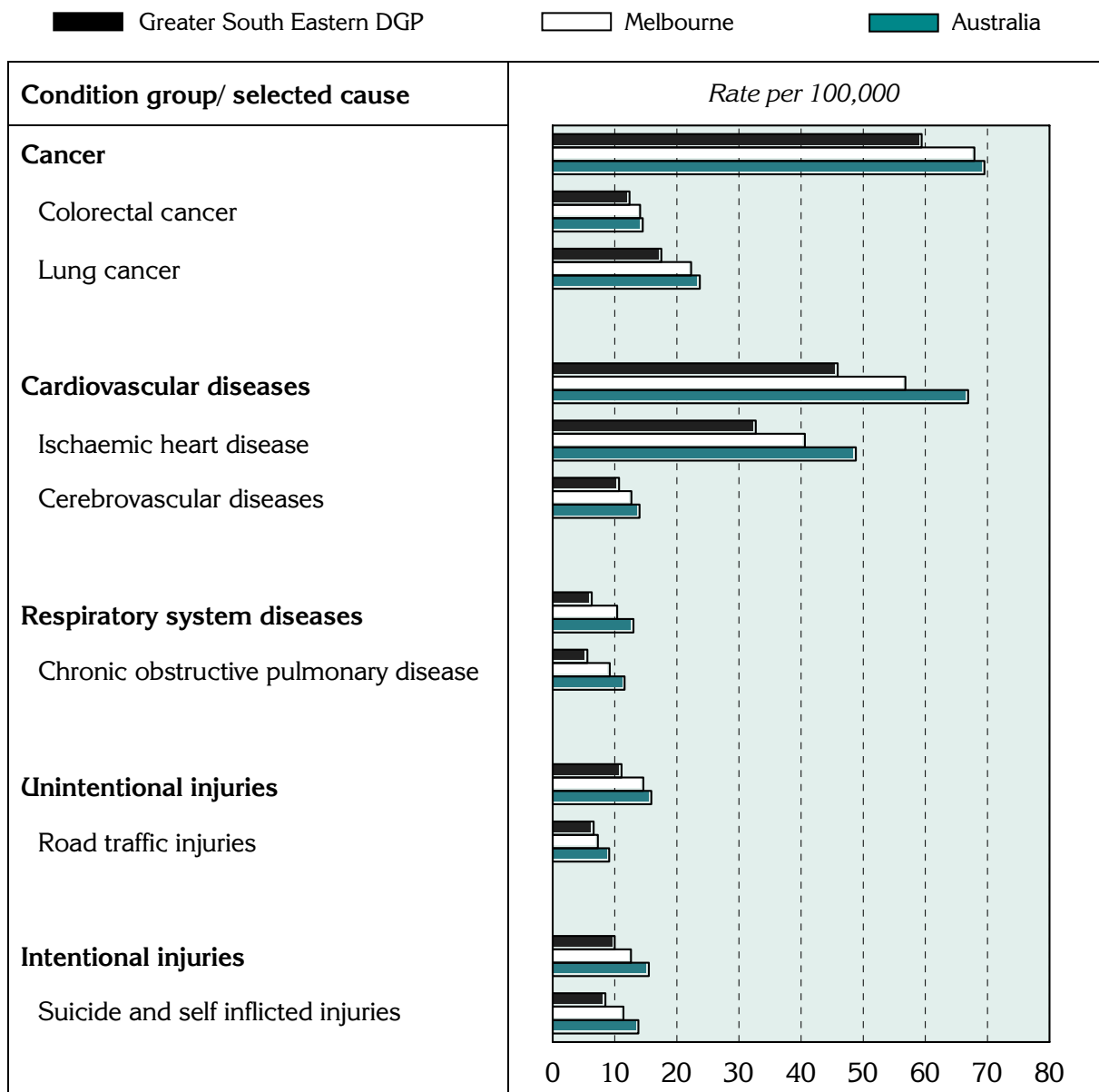
Notes on the data

Data sources and limitations

General

References to 'Melbourne' relate to the Melbourne Statistical Division.

Data sources

Table 13 details the data sources for the material presented in this profile.

Table 13: Data sources

Section	Source
Population	
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown
Figure 3	Estimated Resident Population, ABS, 30 June 2005; Population Projections, ABS, 30 June 2020 (unpublished)[1]
Additional socio-demographic indicators	
Figure 4	ABS SEIFA package, Census 2001
Table 2; Figure 5; Map 1	Jobless families, ABS, 2001 (unpublished)
Table 2; Figure 5; Map 2	Private health insurance, from Hansard
GP services – patient flow/ GP catchment	
Tables 3 and 4	Medicare Australia, 2003/04
Additional prevalence estimates: chronic diseases and risk factors combined	
Figure 6; Table 5	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)
Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions	
Tables 6 and 7; Figures 7 and 8	National Hospital Morbidity Database at Australian Institute of Health & Welfare, 2001/02; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)
Avoidable mortality	
Tables 8, 9, 10, 11 and 12; Figures 9 and 10	ABS Deaths 1997-2001; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)

[1] **The projected population at June 2020 is based on the 2002 ERP. As such, it is somewhat dated, and does not take into account more recent demographic trends: it is however the only projection series available at the SLA level for the whole of Australia.**

Methods

For background information on the additional prevalence estimates presented in this profile, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Please also refer to the November 2005 profile for information on the data converters.

Mapping

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population; or has a population of less than 100 or has less than 1% of the SLAs total population; or there were less than five cases (i.e. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the Greater South Eastern 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, Local Government Areas (LGAs) have been split into SLAs. For example, Monash has three SLAs – South-West, Waverley East, and Waverley West. All or parts of these SLAs and the other SLAs in Table 14 comprise the Division.

Table 14: SLAs and population in Greater South Eastern 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
21112	Boroondara - Camberwell South	18.0	8,998
21113	*Boroondara - Hawthorn*	*0.8*	*282*
22311	*Glen Eira - Caulfield*	*0.8*	*590*
24971	Monash - South-West	88.8	37,310
24974	Monash - Waverley East	100.0	57,826
24975	Monash - Waverley West	92.6	57,288
26352	Stonnington - Malvern	52.6	23,692

[*] **Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas. In addition, in a small number of cases, part(s) of an SLA can be allocated to another Division, sometimes several hundred kilometres away. Although adjustments have not been made to the concordance to correct these errors, the affected SLAs are highlighted in the table (shown in bold italic typeface)**

Acknowledgements

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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