Population health profile of the

Western Melbourne

Division of General Practice

Population Profile Series: No. 43

PHIDU

November 2005

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National Library of Australia Cataloguing in Publication entry

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

Population health profile
of the *Western Melbourne Division of General Practice*

Introduction

This profile has been designed to provide a description of the population of the Western Melbourne Division of General Practice, and aspects of their health. Its purpose is to provide information to support a population health approach, which aims to improve the health of the entire population and to reduce health inequalities among population groups: a more detailed discussion of a population health approach is provided in the supporting information, page 17.

Contents

The profile includes a number of tables, maps and graphs to profile population health in the Division and provides comparisons with other areas (eg. Melbourne and Australia). Specific topics covered include:

- a socio-demographic profile (pages 2-6);
- GP workforce data (page 7);
- immunisation rates (page 7);
- rates of premature death (page 8); and
- estimates of the prevalence of chronic disease and selected risk factors (pages 9-13).

Key indicators

Location: Victoria

Division number: 306

Population‡:	No.	%
Total	266,950	
65+	26,811	10.0%
<25	92,567	34.7%
Indigenous	940	0.4%

Disadvantage score[1]: 922

GP services per head of population:

Division‡	5.7
Australia	4.7

Population per FTE GP:

Division‡	1,396
Australia	1,403

Premature death rate[2]:

Division‡	289.7
Australia	290.4

[1] **Numbers below 1000 (the index score for Australia) indicate the Division is relatively disadvantaged**

[2] **Deaths at ages 0 to 74 years per 100,000 population**

‡ **See note "Data converters and mapping" re calculation of Division Total**

Western Melbourne Division of General Practice

Melbourne Divisions of General Practice
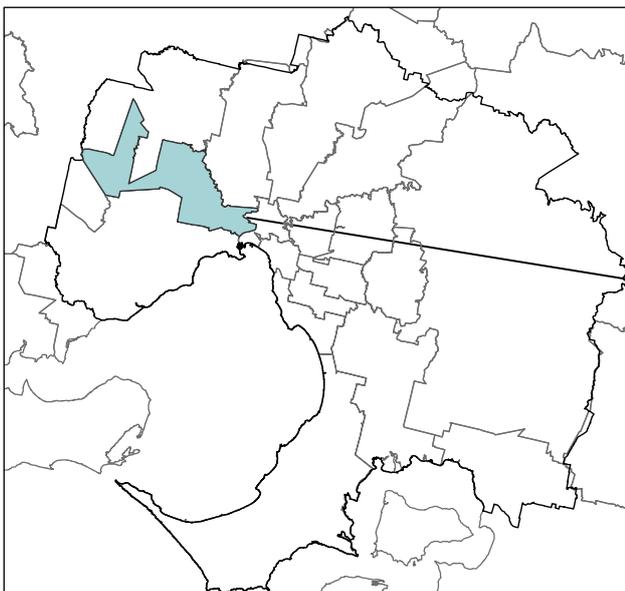

Western Melbourne DGP by SLA
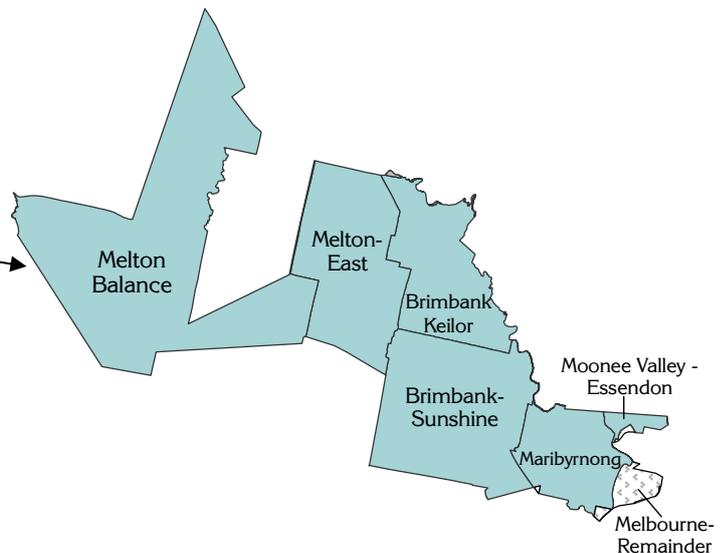
—— Melbourne Divisions of General Practice
—— Melbourne Statistical Division

Socio-demographic profile

Population

The Western Melbourne Division had an Estimated Resident Population of 266,950 at 30 June 2004.

Figure 1: Annual population change, Western Melbourne DGP‡, Melbourne, Victoria and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2004
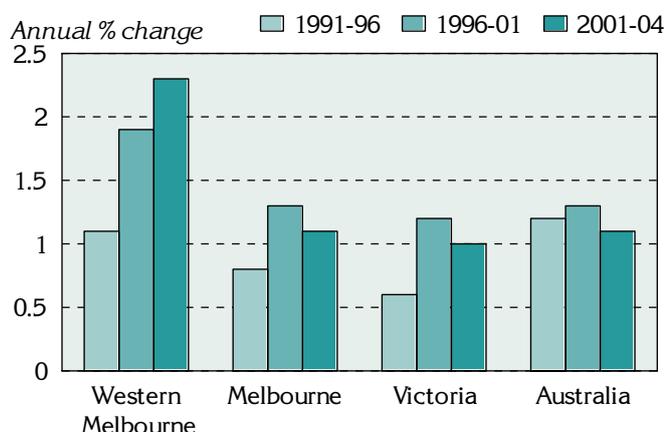
Over the five years from 1991 to 1996, the Division's population increased by 1.1% on average each year, higher than for Melbourne (0.8%) and Victoria (0.6%), and lower than for Australia as a whole (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 1.9%, higher than for Melbourne (1.3%) and for Victoria (1.2%). From 2001 to 2004 the Division's population increased by 2.3%, more than double the annual increases for Melbourne (1.1%) and Victoria (1.0%).

Figure 2: Population in Western Melbourne DGP‡ and Australia, by age and sex, 2004
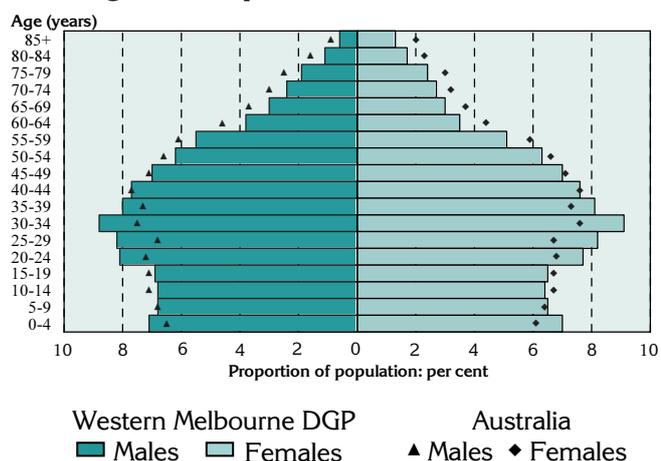
The age distribution of the Division's population is similar to that for Australia. The most notable differences are:

- at younger ages – a higher proportion of children aged 0 to 4 years, and a slightly lower proportion of children aged 10 to 19 years;
- from 20 to 39 years – higher proportions of both males and females; and
- from 50 years and over – slightly lower proportions of both males and females.

Table 1: Population by age, Western Melbourne DGP‡ and Australia, 2004

Age group (years)	Western Melbourne DGP		Australia	
	No.	%	No.	%
0-14	54,172	20.3	3,978,751	19.8
15-24	38,395	14.4	2,762,769	13.8
25-44	87,992	33.0	5,881,048	29.3
45-64	59,581	22.3	4,864,037	24.2
65-74	14,849	5.6	1,374,792	6.8
75-84	9,479	3.6	934,505	4.7
85+	2,483	0.9	295,602	1.5
Total	**266,950**	**100.0**	**20,091,504**	**100.0**

As shown in the age-sex pyramid above, the Western Melbourne DGP had relatively more young people aged 15 to 24 years (14.4%), and people aged 25 to 44 years (33.0%) compared to Australia as a whole (with 13.8% and 29.3%) (Table 1). Conversely, the proportions of the Division's population aged 45 years and over were lower than those for Australia.

The Western Melbourne DGP comprised 31.0% of people born in predominantly non-English speaking countries and resident in Australia for five years or more (Table 2), which is substantially higher than the proportion for Melbourne (17.5%). Recent arrivals (those resident in Australia for less than five years) from non-English speaking countries also comprised a larger proportion of the Division's population (4.3%) compared to Melbourne (3.1%).

‡ See note under 'Data converters and mapping' re calculation of Division totals on this page

Data Sources: see 'Data sources and limitations' at end of report

Of these residents, a high 10.4% had poor proficiency in English (determined when people aged five years and over born overseas in predominantly non-English speaking countries reported in the Census speaking another language and speaking English 'not well' or 'not at all'), compared to lower proportions in Melbourne (4.4%) and Victoria (3.4%) and a much lower proportion in Australia (2.4%).

Table 2: Non-English speaking born, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

People born in predominantly non-English speaking countries	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Resident in Australia for five years or more	74,831	31.0	587,954	17.5	644,806	13.8	2,019,410	10.8
Resident in Australia for less than five years	10,377	4.3	104,747	3.1	110,557	2.4	408,074	2.2
Poor proficiency in English[1]	23,340	10.4	140,109	4.4	147,394	3.4	425,399	2.4

[1] **Calculated on persons aged 5 years and over who reported speaking another language and speaking English 'not well' or 'not at all'**

Figure 3: Major non-English speaking birthplaces, Western Melbourne DGP, 2001

Australian-born people comprised 59.4% of the Division's population, below the Australian figure of 72.6%. Of the 3.7% of people from English speaking countries, 2.5% were from the UK and Eire. The major birthplaces of the non-English speaking population include Vietnam (8.4%); Malta (3.2%); Italy (2.3%); Macedonia (2.2%); the Philippines (2.0%); Croatia (1.7%); and Greece (1.6%).
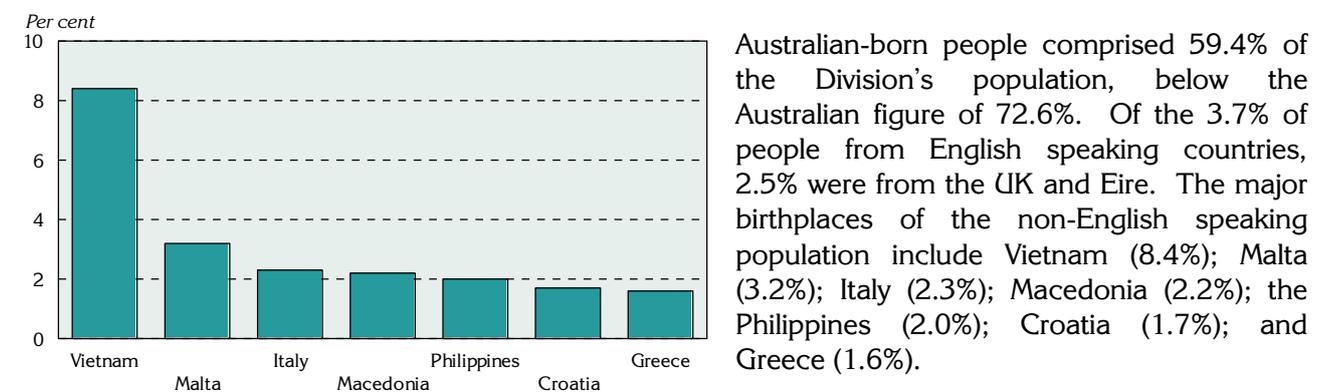
Socioeconomic status

The indicators presented in this section describe geographic variations in the distribution of the population for a number of key socioeconomic influences, which impact on the health and wellbeing of populations.

The Western Melbourne DGP had a higher proportion of single parent families (11.2%) compared to Melbourne as a whole (9.6%), and the same proportion (0.4%) of Aboriginal and Torres Strait Islanders as Melbourne (Figure 4, Table 3).

Full-time secondary school education participation of 16 year olds in the Division (81.1%) was slightly lower than that for Melbourne (81.8%).

A markedly higher proportion of the Division's households received rent assistance from Centrelink (17.7%, compared to 12.9% for Melbourne), and there were more dwellings rented from the State housing authority (3.8%, compared to 2.9%). The proportion of dwellings with no access to a motor vehicle (10.6%) was higher than the rates for Melbourne (9.5%) and Victoria (0.9%).

The Division had notably lower proportions of the population who reported using, at home, a computer (34.7%) compared to Melbourne (44.8%), or the Internet (22.2%, compared to 30.5%).

These socioeconomic indicators show the Division to comprise a population of lower levels of socioeconomic status when compared to Melbourne: see also the note on page 5 (Summary of socioeconomic ranking).

Figure 4: Socio-demographic indicators, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

Note the different scales

Single parent families

Per cent

Indigenous‡

Per cent

Education participation at age 16‡

Per cent
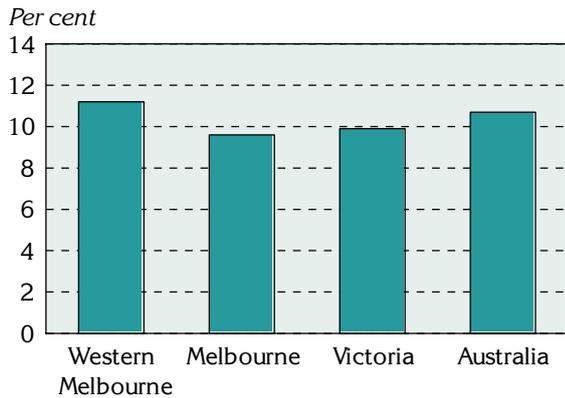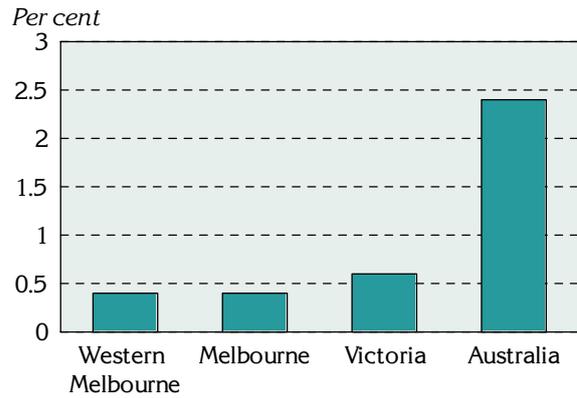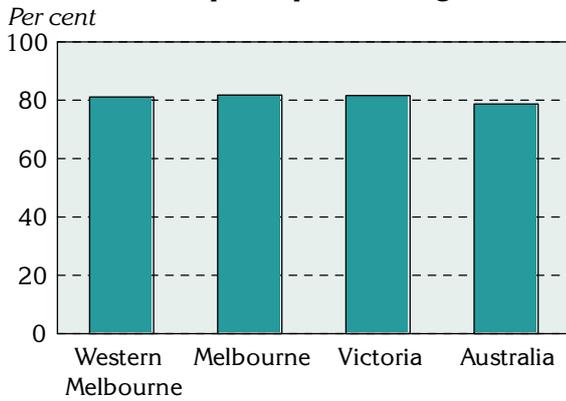
Unemployment rate (June 2003)‡

Per cent
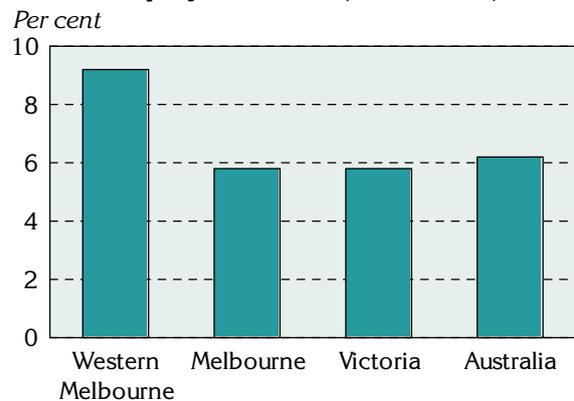
Households receiving rent assistance & Dwellings rented from State housing authority

Per cent

■ Rent assistance ▢ State housing
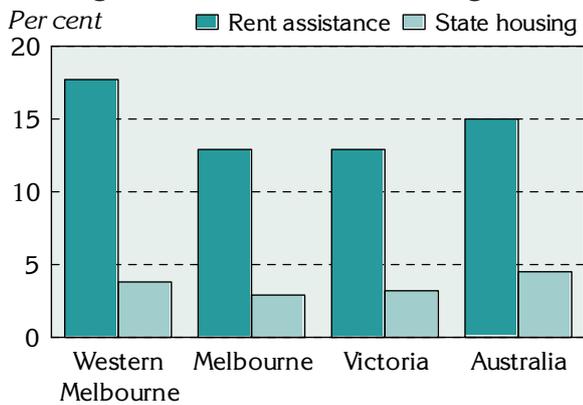
Dwellings with no motor vehicle
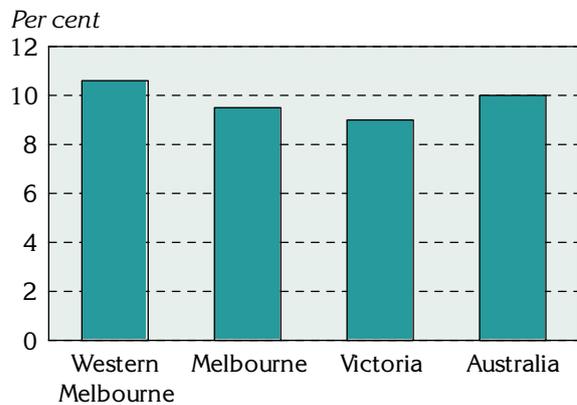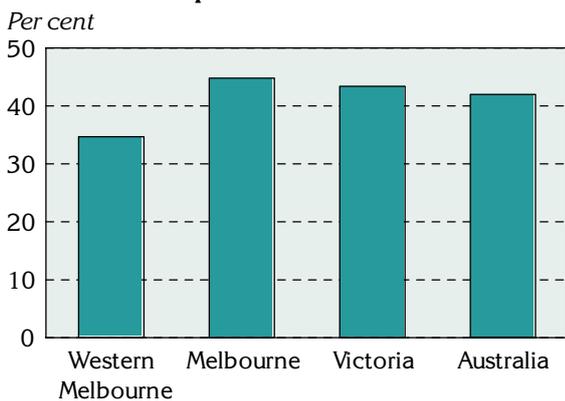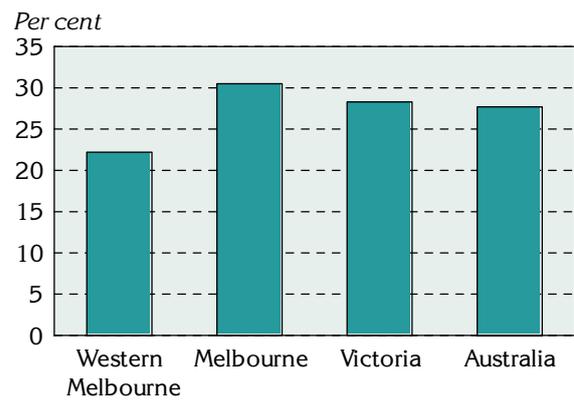
Per cent

Computer use at home

Per cent

Internet use at home

Per cent

‡ **See note under 'Data converters and mapping' re calculation of Division totals**

Data Sources: see 'Data sources and limitations' at end of report

Table 3: Socio-demographic indicators, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

Indicator	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Single parent families	7,121	11.2	84,483	9.6	120,824	9.9	529,969	10.7
Indigenous‡	940	0.4	12,716	0.4	27,846	0.6	458,261	2.4
Full-time secondary school education at age 16‡	2,799	81.1	38,340	81.8	54,494	81.6	130,198	78.7
Households: rent assistance	13,980	17.7	150,482	12.9	212,587	12.9	1,006,599	15.0
Dwellings rented from the State housing authority	3,171	3.8	35,953	2.9	54,805	3.2	317,171	4.5
Dwellings: no motor vehicle	8,762	10.6	118,190	9.5	155,728	9.0	708,073	10.0
Computer use at home	83,550	34.7	1,495,506	44.8	2,001,169	43.4	7,881,983	42.0
Internet use at home	53,529	22.2	587,954	30.5	644,806	28.3	2,019,410	27.7

‡ **See note under 'Data converters and mapping' re calculation of Division total**

The unemployment rate of 9.2% in Western Melbourne DGP was substantially higher than those for Melbourne and Victoria (both 5.8%) (Figure 4, Table 4). The labour force participation rate (66.8%) and the female labour force participation rate (63.6%) were notably lower than those for Melbourne (75.3% and 71.1%) and Victoria (75.3% and 70.6%).

Table 4: Unemployment and labour force participation, Western Melbourne DGP, Melbourne, Victoria and Australia, 2003

Labour force indicators	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Unemployment rate ‡	11,228	9.2	103,501	5.8	144,584	5.8	623,791	6.2
Labour force participation‡	121,764	66.8	1,787,899	75.3	2,492,980	75.3	10,038,147	75.2
Female labour force participation (2001)	41,583	63.6	633,724	71.1	840,995	70.6	3,306,521	69.7

‡ **See note under 'Data converters and mapping' re calculation of Division total**

Summary of the socioeconomic ranking of the Western Melbourne DGP

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socio-economic indexes for areas (SEIFA) which describe various aspects of the socioeconomic profile of populations in areas. The scores for these indexes for each Statistical Local Area (SLA) or part SLA in Melbourne DGP are shown in the supporting information Table 9, page 17: SLAs are described on page 18.

The Melbourne DGP area's SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score is 922, 7.8% below the score for Australia (1000), and 9.7% below that for Melbourne (1021); this highlights the relatively low socioeconomic status profile of the Western Melbourne DGP population. Variations in the IRSD at the SLA level are shown in (Map 1).

Map 1: Index of Relative Socio-Economic Disadvantage by SLA, Western Melbourne DGP, 2001

See note under 'Methods' re Data converters and mapping concerning SLAs mapped to the Division. This is of particular relevance where part of an SLA is mapped to the Division.

Index scores

- Below 950*
- 951 to 980
- 981 to 1010
- 1011 to 1040
- above 1040
- not mapped#

* *most disadvantaged*
# *data were not mapped: see note under 'Methods' re Data converters and mapping.*

Data Sources: see 'Data sources and limitations' at end of report
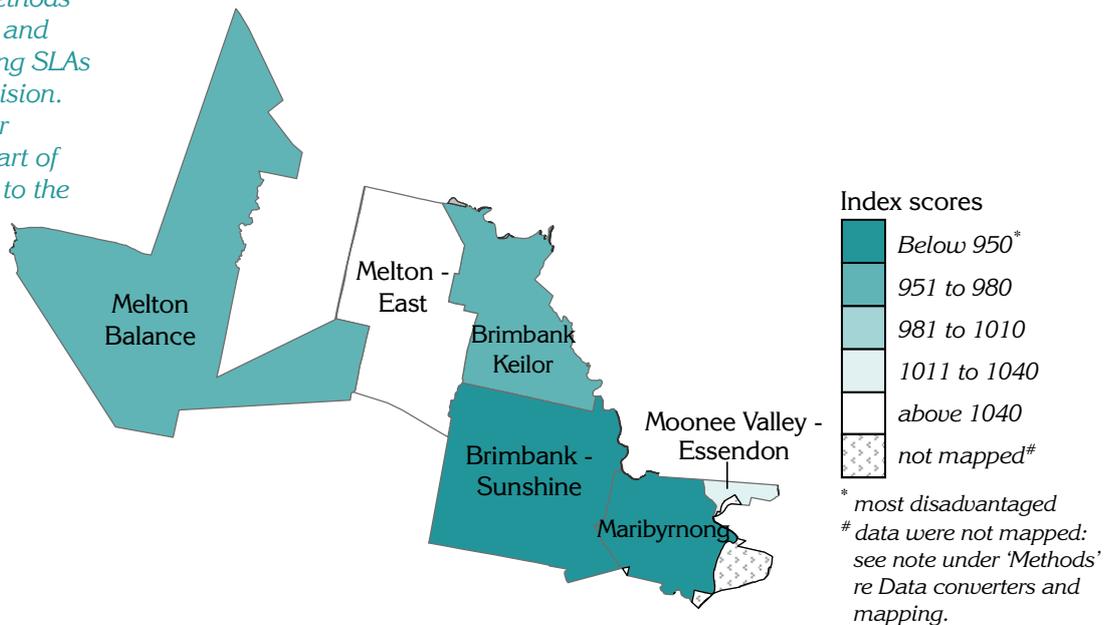
General medical practitioner (GP) supply

A total of 189.4 full-time equivalent (FTE) GPs, and 239.1 full-time workload equivalent (FWE[1]) GPs worked in the Division in 2003/04 (Table 5). Of the FWE GPs, 23.1% were female, and 29.2% were over 55 years of age (compared to 25.6% and 28.3%, respectively, for Victoria).

There was minimal variation in the rates of population per FTE and FWE GP for the population measures shown, other than for the estimated day-time population, for which rates were 11.2% below those calculated on the Usual Resident Population (usual residents of the Division counted in Australia on census night), reflecting the net movement of people out of the Division during the day for employment. The rates of population per FWE GP were lower than the FTE rates.

Based on the average Estimated Resident Population, the rate of population per FTE GP in Western Melbourne DGP differed little from those for Victoria and Australia, indicating a similar level of provision of GP services in the Division. The FWE GP rate was lower than the rates for Victoria and Australia.

Table 5: Population per GP in Western Melbourne DGP, Victoria and Australia, 2003/04

Population measure	Population	GPs		Population per GP	
		FTE	FWE	FTE	FWE
Western Melbourne DGP					
Census count (adjusted)*	254,395	189.4	239.1	1,343	1,064
Usual Resident Population (URP) (adjusted)*	255,505	..	..	1,349	1,069
Estimated Resident Population (ERP)	264,469	..	..	1,396	1,106
Day-time population (Estimated on URP)* ‡	226,767	..	..	1,197	948
Victoria (ERP)	4,942,102	3,575	4,157	1,382	1,189
Australia (ERP)	19,989,303	14,246	16,872	1,403	1,185

* **The Census count, Usual Resident Population and Day-time population were adjusted to reflect population change between 2001 and 2003/2004, as measured by the ERP**
‡ **See note under 'Data converters and mapping' re calculation of Division totals**

Immunisation

Data from the Australian Childhood Immunisation Register show that 94.6% of children in the Division in 2002 were fully immunised at age one, consistent with the Australian proportion of 94.2%.

Immunisation by provider type for children between the ages of 0 to 6 is shown in Table 6. The proportion of children in the Division who were immunised by a general practitioner was 65.5%, compared to 70.0% for Australia, with 34.5% immunised at a local government council.

Table 6: Childhood immunisation at ages 0 to 6 by provider type, Western Melbourne DGP and Australia, 2003/04

Provider	Western Melbourne DGP	Australia
	%	%
General practitioners	65.5	70.0
Local government council	34.5	16.6
Community health centre/ worker	0.0	9.8
Public hospital	0.0	2.1
Aboriginal health service/ worker	0.0	0.9
Other*	0.0	0.6
Total: Per cent	**100.0**	**100.0**
Number	**53,902**	**3,843,610**

* **Includes immunisations in/ by State Health Departments, RFDS and private hospitals**

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[1]The FWE value is calculated for each GP location by dividing the GP's total Medicare billing (Schedule fee value of services provided during the reference period) by the mean billing of full-time doctors in that derived major speciality for the eference period. Thus, a GP earning 20% more than the mean billing of full-time doctors is shown as 1.2 FWE: this differs from full-time equivalent (FTE) counts, where the FTE value of any GP cannot exceed 1.0

Premature mortality

Deaths at ages below 75 years are used as an indicator of health status, as they largely reflect premature deaths, given the current levels of life expectancy in Australia.

The 'all causes' death rate in the Division at ages 0 to 74 years (289.7 deaths per 100,000 population) is higher than for Melbourne (269.9) and similar to Australia (290.4): the rates have been age standardised to allow for comparisons between areas, regardless of differences in age profiles between the Division and Australia.

The major causes of premature mortality in the Division, as for Melbourne and Australia as a whole, are cancer and diseases of the circulatory system (Figure 5). With the exception of stroke, cancer of the trachea, bronchus and lung, 'other causes' and diabetes mellitus, death rates in the Division for the conditions shown were similar to, or lower than, those for Australia. The rates of death from circulatory diseases, cancer of the trachea, bronchus and lung, respiratory system diseases, and 'other causes' were higher in the Division than those for Melbourne. The data on which the following chart is based are in Table 12.

Figure 5: Deaths before 75 years of age by major condition group and selected cause, Western Melbourne DGP‡, Melbourne and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

Variable	Western Melbourne DGP	Rate per 100,000
Circulatory system diseases	[**No.:** 426; **Rate:** 72.1]	
Ischaemic heart disease	[**No.:** 244; **Rate:** 41.5]	
Cerebrovascular disease - stroke	[**No.:** 88; **Rate:** 15.0]	
Cancer	[**No.:** 671; **Rate:** 112.6]	
Cancer of the trachea, bronchus & lung	[**No.:** 153; **Rate:** 26.1]	
Respiratory system diseases	[**No.:** 101; **Rate:** 17.2]	
Chronic lower respiratory disease	[**No.:** 57; **Rate:** 9.8]	
Injuries and poisonings	[**No.:** 196; **Rate:** 27.9]	
Suicide	[**No.:** 57; **Rate:** 8.1]	
Motor vehicle accidents	[**No:** 54; **Rate:** 7.6]	
Other causes	[**No.:** 381; **Rate:** 60.4]	
Diabetes mellitus	[**No.:** 80; **Rate:** 13.6]	
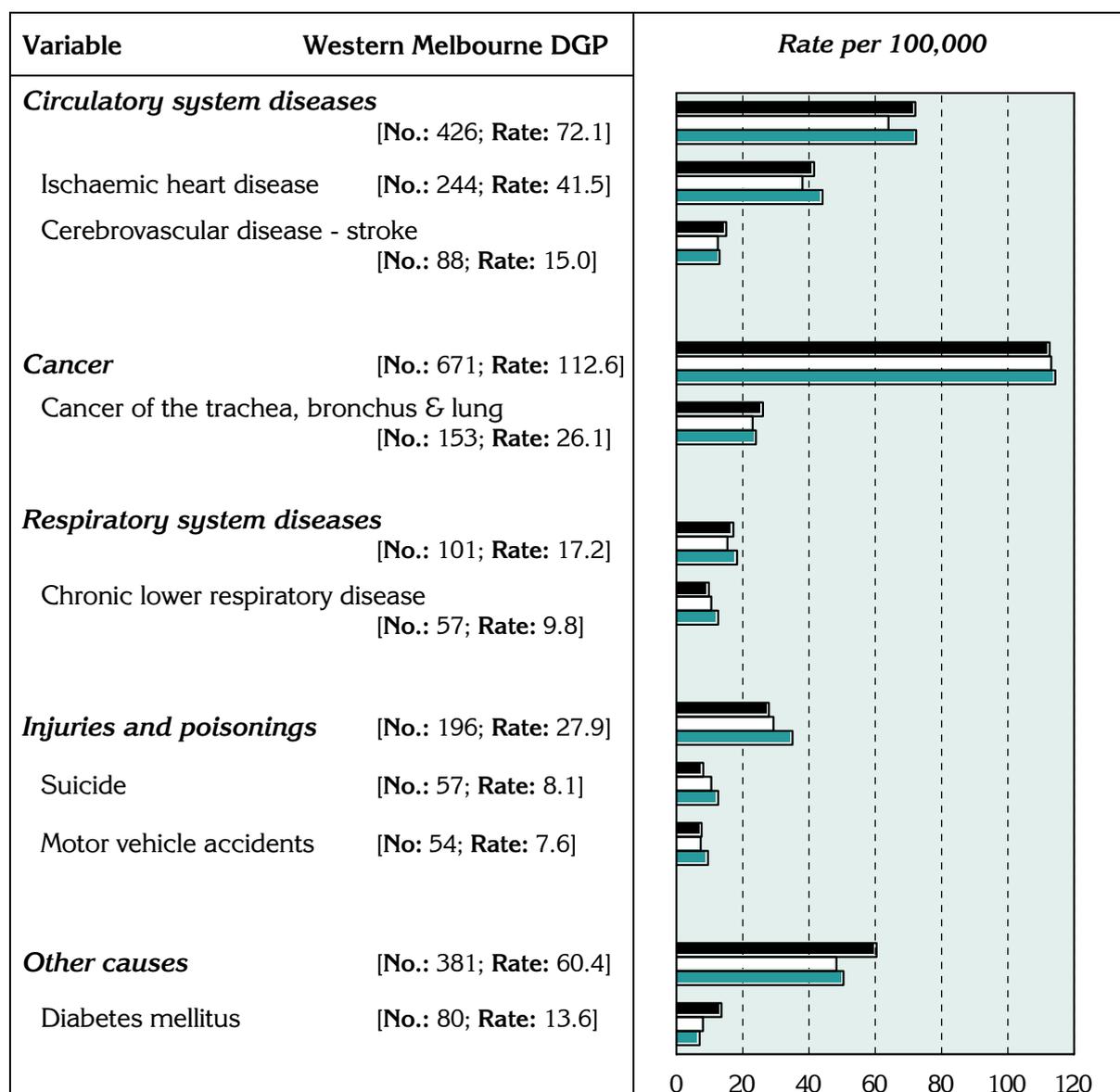
* 'No.' is the total number of deaths for the 2000-02 period; 'Rate' is an annual rate, based on the 3 year average
‡ See note under 'Data converters and mapping' re calculation of Division totals

Chronic diseases and risk factors

The term "chronic disease" describes health problems that persist across time and require some degree of health care management (WHO 2002). Chronic diseases tend to have complex causes, are often long lasting and persistent in their effects, and can produce a range of complications (Thacker et al. 1995). They are responsible for a significant proportion of the burden of disease and illness in Australia and other westernised countries. Given the ageing of the population, this trend is likely to continue.

At different life stages, risk factors for chronic diseases and their determinants include genetic predisposition; poor diet and lack of exercise; alcohol misuse and tobacco smoking; poor intra-uterine conditions; stress, violence and traumatic experiences; and inadequate living environments that fail to promote healthy lifestyles (NPHP 2001). Risk factors are also more prevalent in areas of low socioeconomic status, and in communities characterised by low levels of educational attainment; high levels of unemployment; substantial levels of discrimination, interpersonal violence and exclusion; and poverty. There is a higher prevalence of risk factors among Indigenous communities, and other socioeconomically disadvantaged Australians (NPHP 2001).

Background

In this section, estimates of the prevalence of selected chronic diseases and risk factors, and two summary measures of health, are shown for the Division‡, and for SLAs within the Division: note that the estimates have been predicted from self-reported data, not on clinical records or physical measures. The chronic diseases and risk factors are those for which sufficiently reliable estimates can be made for the Division from national survey data. The process by which the estimates have been made, and details of their limitations, is described in the Notes section, pages 15-16. The data on which the following charts are based are in Table 13.

The estimates provide information of relevance to a number of the National Health Priority Areas (NHPAs – asthma; cardiovascular health; diabetes mellitus; injury prevention and control; mental health; and arthritis and musculoskeletal conditions: estimates have not been made for cancer control, the other NHPA). The risk factors for which estimates have been made are those which are accepted as being associated with these important chronic conditions. They include overweight (not obese), obesity, smoking, lack of exercise and high levels of alcohol intake.

The numbers are estimates for an area, not measured events as are death statistics: they should be used as indicators of likely levels (and not actual levels) of a condition or risk factor in an area.

Prevalence estimates: chronic disease‡

It is estimated that, with the exceptions of diabetes type 2 and mental and behavioural disorders, similar, or smaller proportions of the population in Western Melbourne DGP reported having any of the selected chronic conditions than in Australia as a whole (the rate for respiratory system diseases was the same) (Figure 6): that is, the prevalence rates per 1,000 population were consistent with, or lower than, the national rates.

Prevalence estimates: self-reported health‡

The NHS includes two measures of self-reported health. One is the Kessler Psychological Distress Scale–10 items (K–10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the four weeks prior to interview, asked of respondents 18 years and over (ABS 2002). The other asks respondents aged 15 years and over to rate their health on a scale from 'excellent', through 'very good', 'good' and 'fair', to 'poor' health.

The population of the Division aged 18 years and over is estimated to have substantially more people with very high psychological distress levels as measured by the K–10 (Figure 7) compared to Australia as a whole. The proportion of the population aged 15 years and over estimated to have reported their health as 'fair' or 'poor' is also notably higher than in the national average.

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‡ **See note under 'Data converters and mapping' re calculation of Division totals**

Figure 6: Estimates* of chronic disease and injury, Western Melbourne DGP‡, Melbourne and Australia, 2001

Indirectly age standardised rate per 1,000 population

■ Western Melbourne DGP ☐ Melbourne ▨ Australia

| Variable / Western Melbourne DGP	Rate per 1,000
Respiratory system diseases [**No.**: 74,794; **Rate**: 309.1]	
Asthma [**No.**: 26,779; **Rate**: 109.5]	
Circulatory system diseases [**No.**: 35,246; **Rate**: 163.5]	
Diabetes type 2 [**No.**: 6,339; **Rate**: 30.6]	
Injury event [**No.**: 24,468; **Rate**: 98.7]	
Mental & behavioural disorders [**No.**: 24,597; **Rate**: 101.1]	
Musculoskeletal system diseases [**No.**: 74,655; **Rate**: 323.9]	
Arthritis [**No.**: 29,979; **Rate**: 140.2]	
- osteoarthritis [**No.**: 13,763; **Rate**: 65.9]	
- rheumatoid arthritis [**No.**: 5,290; **Rate**: 24.4]	
Osteoporosis (females) [**No.**: 2,426; **Rate**: 23.8]	
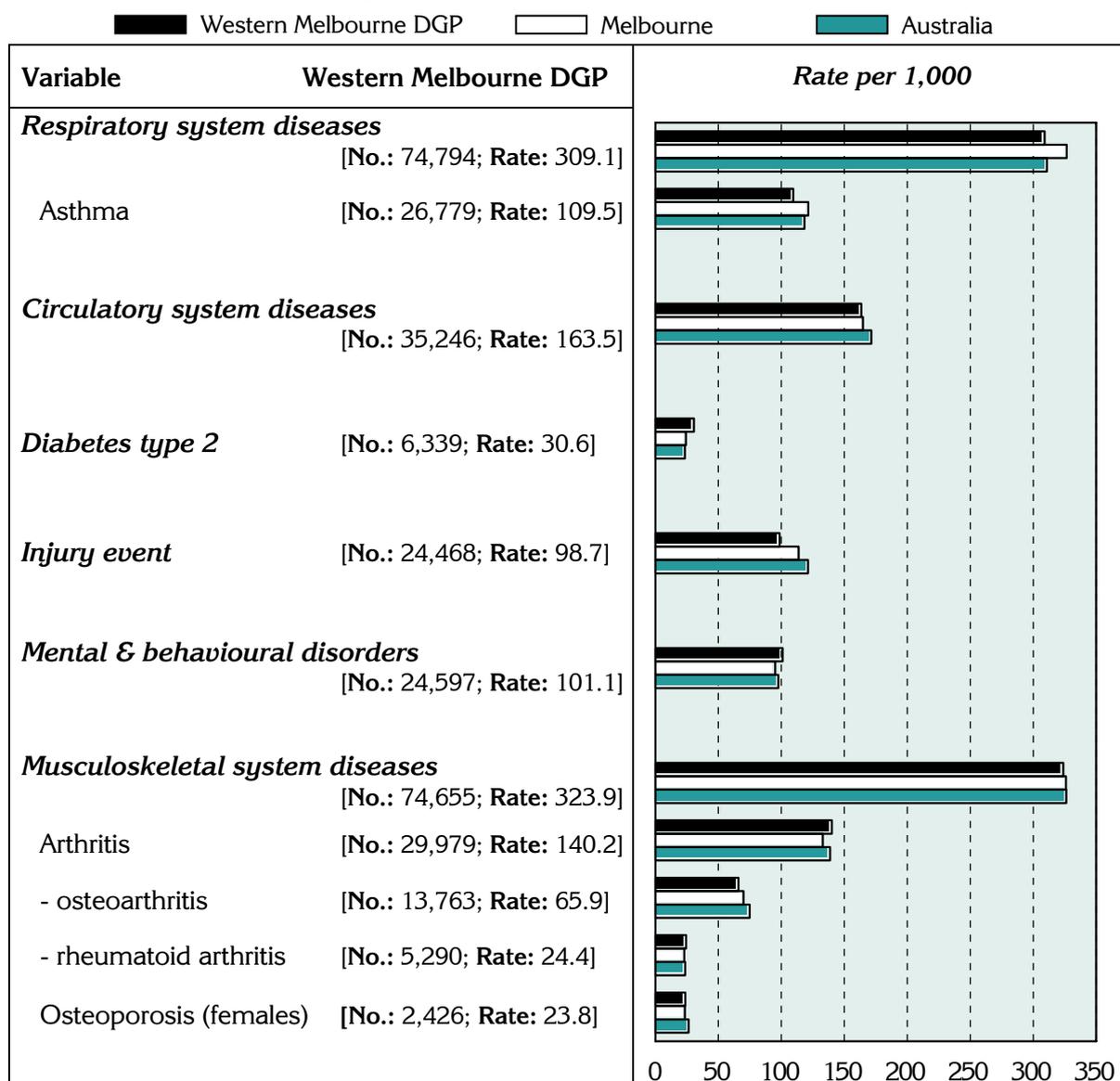
* 'No.' is a weighted estimate of the number of people in Western Melbourne DGP reporting each chronic condition and is derived from synthetic predictions from the 2001 NHS
‡ See note under 'Data converters and mapping' re calculation of Division totals

Figure 7: Estimates* of measures of self-reported health, Western Melbourne DGP‡, Melbourne and Australia, 2001

Indirectly age standardised rate per 1,000 population

■ Western Melbourne DGP ☐ Melbourne ▨ Australia

Variable / Western Melbourne DGP	Rate per 1,000
Very high psychological distress levels [K–10[1]] *(18+ years)* [**No.**: 8,907; **Rate**: 48.9]	
Fair or poor self-assessed health status *(15+ years)* [**No.**: 38,996; **Rate**: 217.4]	
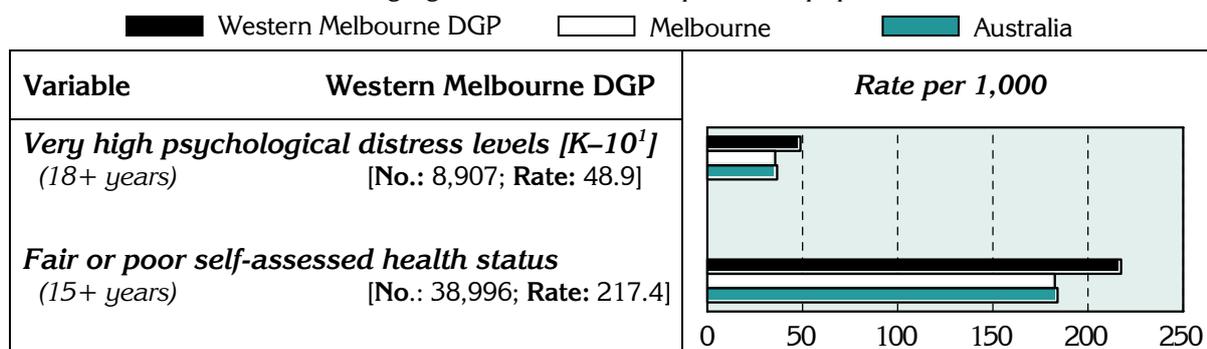
* 'No.' is a weighted estimate of the number of people in Western Melbourne DGP reporting under these measures and is derived from synthetic predictions from the 2001 NHS
[1] Kessler 10
‡ See note under 'Data converters and mapping' re calculation of Division totals

Data Sources: see 'Data sources and limitations' at end of report

Prevalence estimates: risk factors‡

The Division had relatively lower rates (when compared to the Australian population) for overweight (males and females), smoking and high risk alcohol consumption (Figure 8), and higher rates for obesity in males and females, and lack of exercise.

Figure 8: Estimates[*] of selected risk factors, Western Melbourne DGP‡, Melbourne and Australia, 2001

Indirectly age standardised rate per 1,000 population

| Variable	Western Melbourne DGP	Rate per 1,000
Overweight (not obese) males (15+ years)	[**No.:** 35,337; **Rate:** 380.1]	
Obese males (15+ years)	[**No.:** 14,603; **Rate:** 156.8]	
Overweight (not obese) females (15+ years)	[**No.:** 19,745; **Rate:** 210.6]	
Obese females (15+ years)	[**No.:** 15,079; **Rate:** 159.1]	
Smokers (18+ years)	[**No.:** 44,330; **Rate:** 235.2]	
Physical inactivity (15+ years)	[**No.:** 64,831; **Rate:** 348.2]	
High health risk due to alcohol consumed (18+ years)	[**No.:** 4,865; **Rate:** 26.3]	
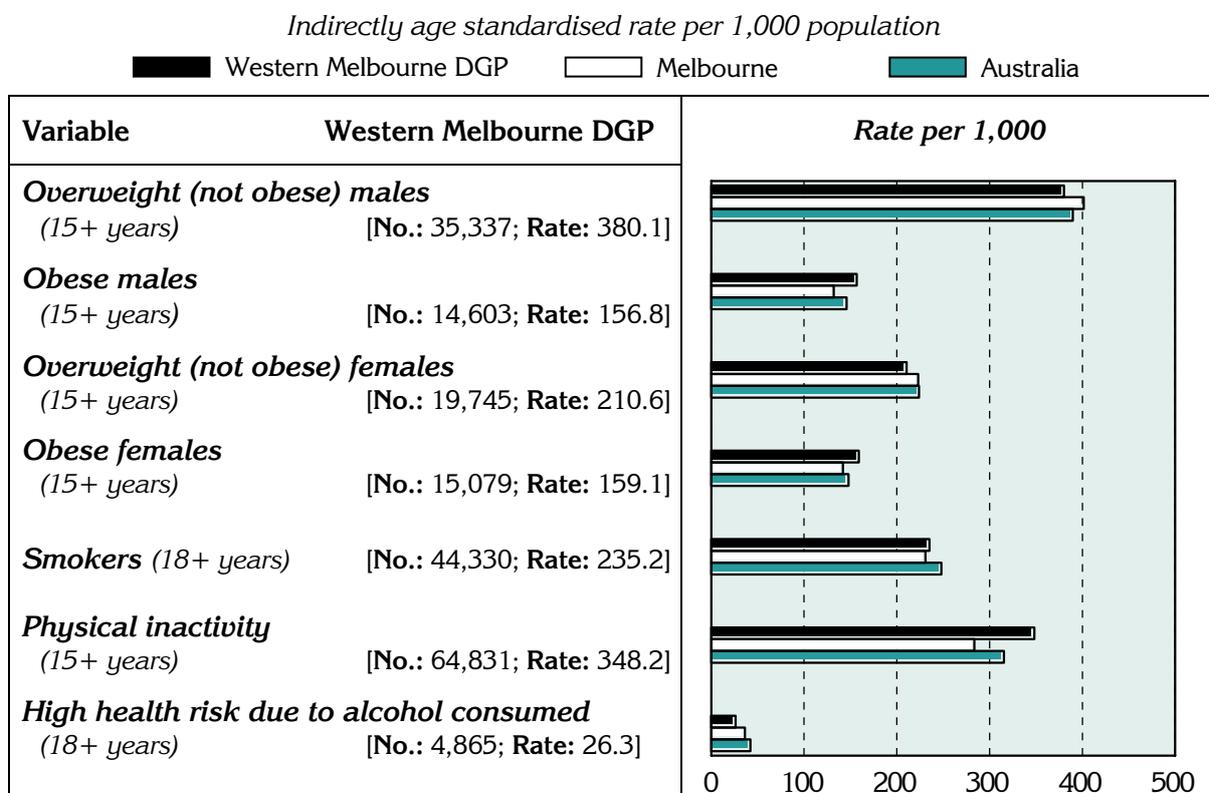
[*] **'No.' is a weighted estimate of the number of people in the Western Melbourne DGP with these risk factors and has been predicted using data from the 2001 NHS and known data for the Division**

‡ See note under 'Data converters and mapping' re calculation of Division totals

The following maps provide details of the geographic distribution, at the SLA level, of the estimated prevalence of chronic disease (Map 2), self-reported health (Map 3) and risk factors associated with chronic disease (Map 4).

In the following maps, users should note that the estimates shown for part SLAs in the Division (see Table 11, page 18, for per cent of the SLA population in the Division) represent the estimates for the whole SLA, and not just the part shown. However, SLAs with only a small proportion of their population in the Division are likely to have little influence on the total estimates for the Division, which have been based on the percentage of the SLA population in the Division.

Map 2: Estimates* of chronic disease and injury by SLA, Western Melbourne DGP, 2001
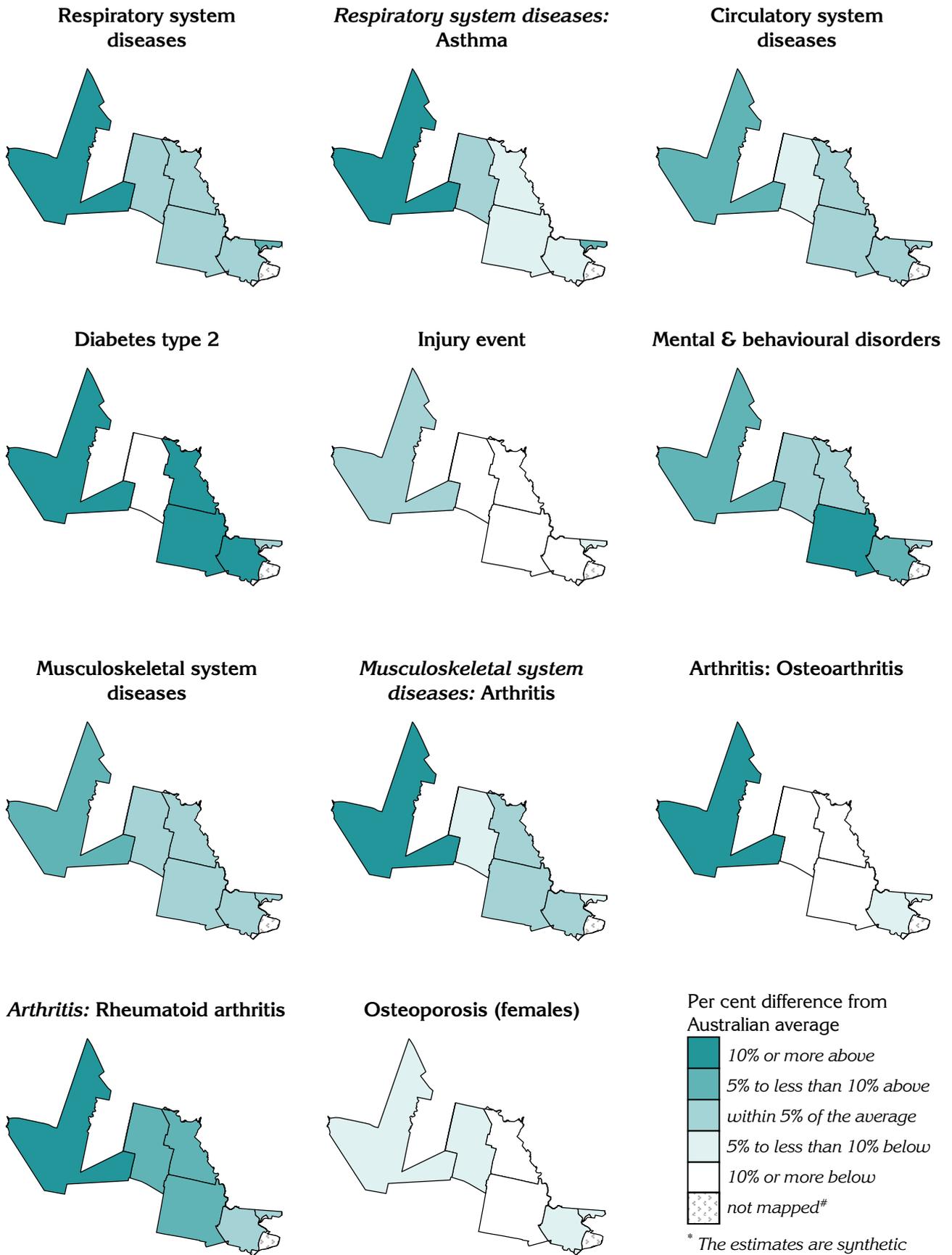
Respiratory system diseases

Respiratory system diseases: Asthma

Circulatory system diseases

Diabetes type 2

Injury event

Mental & behavioural disorders

Musculoskeletal system diseases

Musculoskeletal system diseases: Arthritis

Arthritis: Osteoarthritis

Arthritis: Rheumatoid arthritis

Osteoporosis (females)

Per cent difference from Australian average

- 10% or more above
- 5% to less than 10% above
- within 5% of the average
- 5% to less than 10% below
- 10% or more below
- not mapped#

*The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.

#Data not mapped: see Notes on the data.

Map 3: Estimates* of measures of self-reported health by SLA, Western Melbourne DGP, 2001

Very high psychological distress levels [K–10[1]] (18+ years)

Fair or poor self-assessed health status (15+ years)

Per cent difference from Australian average
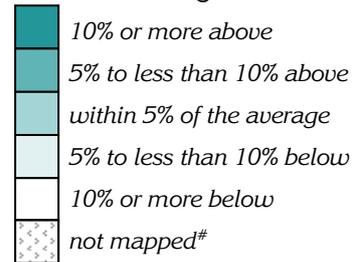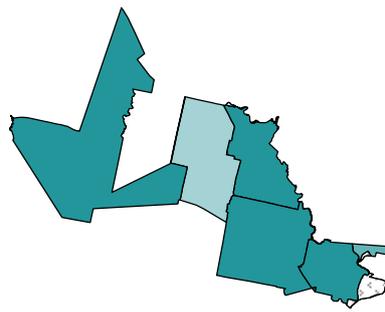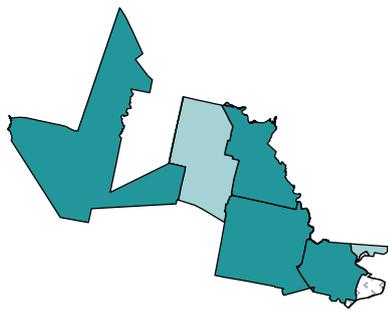
- 10% or more above
- 5% to less than 10% above
- within 5% of the average
- 5% to less than 10% below
- 10% or more below
- not mapped#

* The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.
# Data not mapped: see Notes on the data.

[1] Kessler 10

Map 4: Estimates* of selected risk factors by SLA, Western Melbourne DGP, 2001

### Overweight (not obese) males (15+ years)

Obese males (15+ years)

Overweight (not obese) females (15+ years)
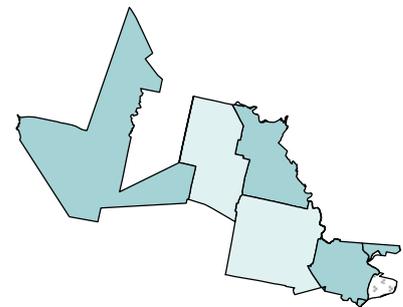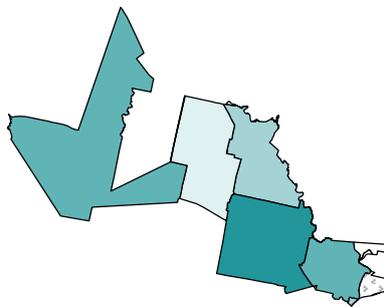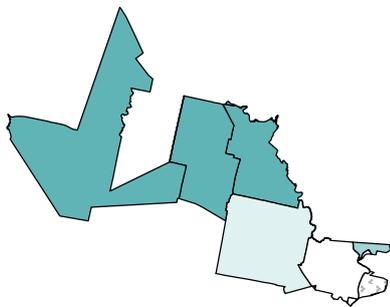
Obese females (15+ years)

Smokers (18+ years)

Physical inactivity (15+ years)
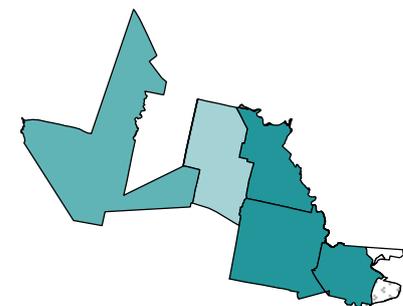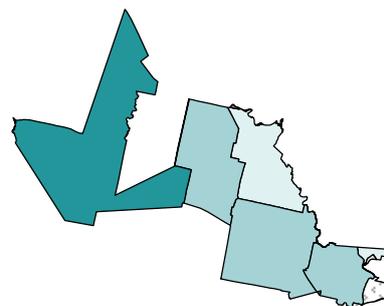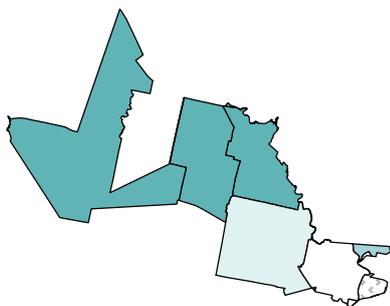
High health risk due to alcohol consumed (18+ years)

Per cent difference from Australian average
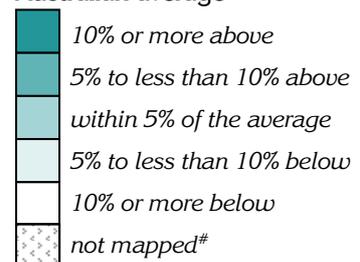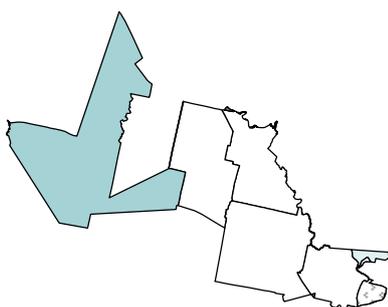
- 10% or more above
- 5% to less than 10% above
- within 5% of the average
- 5% to less than 10% below
- 10% or more below
- not mapped#

* The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.
# Data not mapped: see Notes on the data.

Notes on the data

Data sources and limitations

General

Unless stated otherwise, references to 'Melbourne' relate to the Melbourne Statistical Division.

Data sources

Table 7 details the data sources for the material presented in this profile.

Table 7: Data sources

Section	Source
Key indicators	
GP services per head of population	GP services data supplied by Department of Health and Ageing, 2003/04 Population data: Estimated Resident Population, ABS, mean of 30 June 2003 and 30 June 2004 populations
Socio-demographic profile	
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown
Tables 2, 3 and 4; Figures 3 and 4	Data were extracted by postal area from the ABS Population Census 2001[1], except for the following indicators: - *Indigenous* – Experimental estimates of Aboriginal and Torres Strait Islander people, ABS 2001 (unpublished) - *Full-time secondary education participation at age 16* – Census 2001 (unpublished) - *Households receiving rent assistance* – Centrelink, December Quarter 2001 (unpublished) - *Unemployment rate / Labour force participation* – extracted from *Small Area Labour Markets Australia*, June Quarter 2003, Department of Employment and Workplace Relations
Map 1; Table 9	ABS SEIFA package, Census 2001
General medical practitioner (GP) supply	
Table 5	GP data supplied by Department of Health and Ageing, 2003/04
	Population estimates used in calculating the population per GP rates are the: - Census count[2], ABS Population Census 2001, scaled to 2003/04 - Usual Resident Population[3], ABS Population Census 2001, scaled to 2003/04 - Day-time population: calculated from journey to work data, ABS Population Census (URP) 2001 (unpublished); and 2001 Census URP, scaled to 2003/04 - Estimated Resident Population, ABS, June 2003/2004
Immunisation	
Text comment: 1 year olds	National Centre for Immunisation Research and Surveillance, 2002
Table 6	Australian Childhood Immunisation Register, Health Insurance Commission, 2003/04 (unpublished)
Premature mortality	
Figure 5; Table 12	ABS Deaths, 2000 to 2002
Chronic diseases and associated risk factors[4]	
Figures 6, 7 and 8; Maps 2, 3 and 4; Table 13	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)

[1] **All data extracted from Usual Residents Profile, except for data variables only released in the Basic Community Profile**
[2] *Census count* **- those counted in the Division on Census night, including tourists, business people and other visitors**
[3] *Usual Resident Population* **- those who usually live there and who were in Australia at the time and would have provided details in the Census at the address where they were counted**
[4] **See notes below**

Chronic diseases and associated risk factors

The data for chronic conditions and risk factors for SLAs have been estimated from the 2001 National Health Survey (NHS), conducted by the ABS: see note below on synthetic estimates. The NHS sample includes the majority of people living in private households, but excludes the most remote areas of Australia. These areas cover 86.4% of Australia's land mass and comprise just 3% of the total population, however, 28% of Australia's Indigenous population live in these areas. Thus it has not been possible to produce these estimates for Divisions with relatively high proportions of their population in the most remote areas of Australia.

The data for chronic conditions and risk factors are self-reported data, reported to interviewers in the 2001 NHS. Table 8 includes notes relevant to this data.

Table 8: Notes on estimates of chronic diseases and associated risk factors

Indicator	Notes on the data
Estimates of chronic disease and injury (Figure 6 and Map 2)	
Long term conditions	- Respondents were asked whether they had been diagnosed with any long term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had asthma, cancer, heart and circulatory conditions, and/or diabetes
Injury event	- Injuries which occurred in the four weeks prior to interview
Estimates of measures of self-reported health (Figure 7 and Map 3)	
Very high psychological distress levels (K10)	- Derived from the Kessler Psychological Distress Scale-10 items (K-10), which is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the 4 weeks prior to interview. 'Very high' distress is the highest level of distress category (of a total of four categories)
Fair or poor self-assessed health status	- Respondent's general assessment of their own health, against a five point scale from excellent through to poor – 'fair' or 'poor' being the two lowest in the scale
Estimates of selected risk factors (Figure 8 and Map 4)	
Overweight (not obese)	- Based on self-reported height and weight; BMI calculated and grouped into categories (to allow reporting against both WHO and NHMRC guidelines) - overweight: 25.0 to less than 30.0
Obese	- Based on self-reported height and weight; BMI calculated and grouped into categories (to allow reporting against both WHO and NHMRC guidelines) – obese: 30.0 and greater
Smokers	- Respondent's undertaking regular (or daily) smoking at the time of interview
Physical inactivity	- Did not exercise in the two weeks prior to interview through sport, recreation or fitness (including walking) – excludes incidental exercise undertaken for other reasons, such as for work or while engaged in domestic duties
High health risk due to alcohol consumed	- Respondent's estimated average daily alcohol consumption in the seven days prior to interview (based on number of days and quantity consumed). Alcohol risk levels were grouped according to NHMRC risk levels for harm in the long term, with 'high risk' defined as a daily consumption of more than 75 ml for males and 50 ml for females

Note: For a full description, refer to *ABS 2001 National Health Survey*, Cat. No. 4364.0 and *ABS 2001 Health Risk Factors, Cat. No.* 4812.0

Methods

Synthetic estimates

The estimates of the prevalence of chronic disease and associated risk factors have been predicted for a majority of SLAs across Australia, using modelled survey data collected in the 2001 ABS National Health Survey (NHS) and known characteristics of the area. A synthetic prediction can be interpreted as the likely value for a 'typical' area with those characteristics: the SLA is the area level of interest for this project (where SLAs had small populations they were grouped to larger areas). This work was undertaken by the Australian Bureau of Statistics, as they hold the NHS unit record files: the small area data were compiled by PHIDU.

The approach used is to undertake an analysis of the survey data for Australia to identify associations in the NHS data between the variables that we wish to predict at the area level (eg. prevalence of chronic conditions and risk factors) and the data we have at the area level (eg. socioeconomic status, use of health services). The relationship between these variables for which we have area level data (the predictors) and the reporting of chronic conditions in the NHS is also a part of the model that is developed by the ABS. For example, such associations might be between the number of people reporting specified chronic conditions in the NHS and:

- the number of hospital admissions (in total, to public and to private hospitals, by age, sex and diagnosis),
- socioeconomic status (as indicated by Census data, or for recipients of government pensions and benefits), and
- the number of visits to a general medical practitioner.

The results of the modelling exercise are then applied to the SLA counts of the predictors. The prediction is, effectively, the likely value for a typical area with those characteristics. The raw numbers were then age-standardised, to control for the effects of differences in the age profiles of areas.

The numbers are estimates for an area, not measured events as are death statistics: they should be used as indicators of likely levels of a condition or risk factor in an area.

Premature deaths

Details of deaths by SLA were purchased from the ABS. The raw numbers were then age-standardised, by the indirect method, to control for the effects of differences in the age profiles of areas.

Data converters and mapping

Conversion to Division of data available by postcode

The allocation of postcodes to Divisions was undertaken using information from the Department of Health and Ageing's web site, which shows the proportion of a postcode in a Division (Table 10).

Conversion to Division of data available by SLA

(marked in this profile as ‡ **See note under 'Data converters and mapping' re calculation of Division total**)

Where the data presented in these profiles were only available by SLA they have been converted to Division of General Practice areas using a concordance based on data at the 2001 Census. A copy of the concordance is included in the Population data: A Guide for Divisions of General Practice: it is also available from the Divisions' data area on PHIDU web site.

In brief, the concordance splits the data (eg number of deaths) for each SLA across one or more Divisions. The proportion of an SLA's data that is allocated to each Division was calculated from (a) CD level Census 2001 data that splits SLAs across approximations to postcodes (referred to as postal areas) and (b) data on the DoHA website that splits postcodes across Divisions. This concordance can be adjusted to meet any new configuration of Division boundaries based on the 2001 Collection Districts, or combinations thereof.

The estimated population of each SLA in this Division is shown in Table 13.

Mapping

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population, or either has a population of less than 100 or has less than 1% of the SLA's total population: these areas are mapped with a pattern.

Supporting information

A definition of population health

Population health, in the context of general practice, has been defined[1] as:

"The prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting."

The key determinants of health are social support networks, employment and working conditions, social environments, physical environments, geographical isolation, personal health practices, healthy child development, ageing and disability, biology and genetic endowment, health services, gender and culture.

In the Aboriginal and Torres Strait Islander context this means that a population health approach to health services will assist in ensuring "that Aboriginal and Torres Strait Islander people enjoy a healthy life equal to that of the general population, that is enshrined by a strong living culture, dignity and justice".[2] This recognises the importance of achieving improvements to Aboriginal and Torres Strait Islander health and respects the particular health issues facing Indigenous people.

[1] **"The role of general practice in population health – A Joint Consensus Statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group" (Joint Advisory Group on General Practice and Population Health 2001)**
[2] **As defined in the Strategic Framework for Aboriginal and Torres Strait Islander Health**

SEIFA scores

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socioeconomic indexes for areas (SEIFA). The indexes describe various aspects of the socioeconomic make-up of populations in areas, using data collected in the 2001 Census.

The Index of Relative Socio-Economic Disadvantage (labelled 'Disadvantage' in Table 9) includes all variables that either reflect or measure disadvantage. The Index of Advantage/Disadvantage is used to rank areas in terms of both advantage and disadvantage: any information on advantaged persons in an area will offset information on disadvantaged persons in the area. The Index of Economic Resources and the Index of Education and Occupation were targeted towards specific aspects of advantage/disadvantage.

For further information on the composition and calculation of these indexes see the ABS Information Paper ABS Cat No. 2039.0 available on the ABS web site www.abs.gov.au. The scores for these indexes for each Statistical Local Area (SLA) or part SLA in Western Melbourne DGP are shown in Table 9.

In using this table, users should note that the index score shown for SLAs with less than 100 per cent in the Division represents the score for the whole SLA, and not just the part shown. However, SLAs with small proportions may have little influence on the average index score for the Division which has been based on the postcodes in the Division.

Table 9: SEIFA scores by SLA, Western Melbourne DGP, 2001

SLA code	SLA name (& per cent of SLA in the Division)		Index score			
			Disadvantage	Advantage	Economic Resources	Education & Occupation
21181	Brimbank - Keilor	(89.1)	964	969	1003	941
21182	Brimbank - Sunshine	(100.0)	867	890	923	880
24330	Maribyrnong	(95.6)	915	972	968	989
24651	Melton - East	(74.5)	1042	1036	1096	982
24654	Melton Balance	(33.1)	978	957	988	927
25063	Moonee Valley	(9.4)	978	957	988	927

* **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**
Note: Scores are not shown for SLAs in the Division with estimated populations of less than 100 or with less than 1% of the SLA's total population (refer to Table 11**)**

Statistical geography of Western Melbourne DGP

The postcodes in the Division (as per the Department of Health and Ageing website) are shown below (Table 10).

Table 10: Postcodes in Western Melbourne DGP, February 2005

Postcode	Per cent of postcode population in the Division[*]	Postcode	Per cent of postcode population in the Division[*]
3011	100	3023	100
3012	100	3032	50
3013	100	3037	100
3019	100	3038	100
3020	100	3335	50
3021	100	3337	33
3022	100	3338	33
3031	100	3057	100

[*] **Proportions are approximate**
Source: Department of Health and Ageing web site (accessed online version as at February 2005):
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm

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, some Local Government Areas (LGAs) have been split into SLAs. For example, the LGA of Brimbank has two SLAs, Sunshine (all in the Division) and Keilor (part in the Division). These SLAs and parts of the other SLAs listed of comprise the Division (Table 11).

Table 11: SLAs in the Western Melbourne DGP by 2001 boundaries

SLA code	SLA name	Per cent of the SLA's population in the Division[*]	Estimate of the SLA's 2004 population in the Division
21181	Brimbank - Keilor	89.1	80,390
21182	Brimbank - Sunshine	100.0	83,816
24330	Maribyrnong	95.6	59,218
24608	Melbourne - Remainder	0.8	365
24651	Melton - East	74.5	23,909
24654	Melton Balance	33.1	12,937
25063	Moonee Valley - Essendon	9.4	6,315

[*] **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**

Supporting data

The data used in Figure 5 to illustrate the rates of premature mortality in the Division are shown below in Table 12.

Table 12: Deaths before 75 years of age by major condition group and selected cause, Western Melbourne DGP‡, Melbourne and Australia, 2000-02[*]

Indirectly age standardised rate per 100,000 population

Variable	Western Melbourne DGP‡		Melbourne		Australia	
	No.	Rate	No.	Rate	No.	Rate
Circulatory system diseases	426	72.1	5,667	64.0	38,357	72.3
Ischaemic heart disease	244	41.5	3,367	38.0	23,364	44.1
Cerebrovascular disease – stroke	88	15.0	1,109	12.5	6,920	13.0
Cancer	671	112.6	10,035	113.1	60,603	114.3
Cancer of the trachea, bronchus & lung	153	26.1	2,028	23.0	12,715	24.0
Respiratory system diseases	101	17.2	1,364	15.4	9,726	18.3
Chronic lower respiratory disease	57	9.8	931	10.5	6,657	12.6
Injuries and poisonings	196	27.9	2,752	29.3	18,573	35.0
Suicide	57	8.1	994	10.5	6,706	12.6
Motor vehicle accidents	54	7.6	685	7.3	5,014	9.5
Other causes	381	60.4	4,323	48.3	26,735	50.4
Diabetes mellitus	80	13.6	713	8.0	3,734	7.0

[*] **'No.' is the total number of deaths for the 2000-02 period; 'Rate' is an annual rate, based on the 3 year average**
‡ **See note under 'Data converters and mapping' re calculation of Division totals**

The rates used to illustrate the prevalence estimates of chronic disease and injury (Figure 6), measures of self-reported health (Figure 7), and selected risk factors (Figure 8), are shown in Table 13 below.

Table 13: Estimates of chronic disease and associated risk factors, Western Melbourne DGP‡, Melbourne and Australia, 2001

Indirectly age standardised rate per 1,000 population

Variable	Western Melbourne DGP‡	Melbourne	Australia
Chronic disease and injury (Figure 6)			
Respiratory system diseases	309.1	326.6	310.8
Asthma	109.5	121.4	118.3
Circulatory system diseases	163.5	164.9	171.5
Diabetes type 2	30.6	24.2	23.4
Injury event	98.7	113.7	121.2
Mental & behavioural disorders	101.1	95.1	97.6
Musculoskeletal system diseases	323.9	326.0	326.2
Arthritis	140.2	132.9	138.8
- Osteoarthritis	65.9	70.0	74.9
- Rheumatoid arthritis	24.4	23.0	23.6
Osteoporosis (females)	23.8	23.5	26.4
Measures of self-reported health (Figure 7)			
Very high psychological distress levels (18+ years)	48.9	35.6	36.6
Fair or poor self-assessed health status (15+ years)	217.4	182.5	184.0
Risk factors (Figure 8)			
Overweight (not obese) males (15+ years)	380.1	401.5	389.7
Obese males (15+ years)	156.8	132.0	145.9
Overweight (not obese) females (15+ years)	210.6	223.1	223.9
Obese females (15+ years)	159.1	141.9	148.0
Smokers (18+ years)	235.2	230.8	248.0
Physical inactivity (15+ years)	348.2	283.5	315.5
High health risk due to alcohol consumed (18+ years)	26.3	36.3	42.1

‡ **See note under 'Data converters and mapping' re calculation of Division totals**

References

Australian Bureau of Statistics (ABS) (2002). *2001 National Health Survey: summary of results.* Australia. (ABS Cat. No. 4364.0). Canberra: ABS.

National Public Health Partnership (NPHP) (2001). *Preventing Chronic Disease: A Strategic Framework.* Melbourne, Victoria.

Thacker S, Stroup D & Rothenberg R (1995). Public health surveillance for chronic conditions: a scientific basis for decisions. *Statistics in Medicine* 14: 629-641.

World Health Organization (2002). *The World Health Report 2002: Reducing Risks, Promoting Healthy Life.* Geneva: World Health Organization.

Acknowledgements

Further developments and updates

Subject to agreement and funding, a number of developments could be undertaken:

- Details of hospitalisations potentially avoidable through ambulatory care interventions are currently being prepared and will be forwarded to Divisions (and posted on the PHIDU web site) when they are available. Other enhancements will be considered as appropriate datasets become available.

The profiles could be updated as the data are updated. For example:

- Population estimates, avoidable hospitalisations, immunisation, and GP activity and workforce data – annually;
- Chronic disease estimates – three-yearly;
- Census data – five-yearly.

Any developments would be informed by consultation, including with Divisions.

PHIDU contact details

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

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