

Population health profile of the Western Melbourne

Division of General Practice: supplement

Population Profile Series: No. 43a

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

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This publication, the maps and supporting data, together with other publications on population health, are available from the PHIDU website (www.publichealth.gov.au).

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Population health profile

of the Western Melbourne Division of General Practice: supplement

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

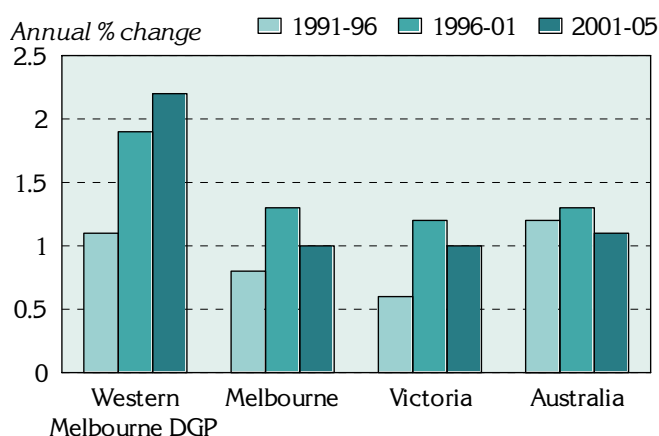
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Western Melbourne Division had an Estimated Resident Population of 272,061 at 30 June 2005.

Figure 1: Annual population change, Western Melbourne DGP, Melbourne, Victoria and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



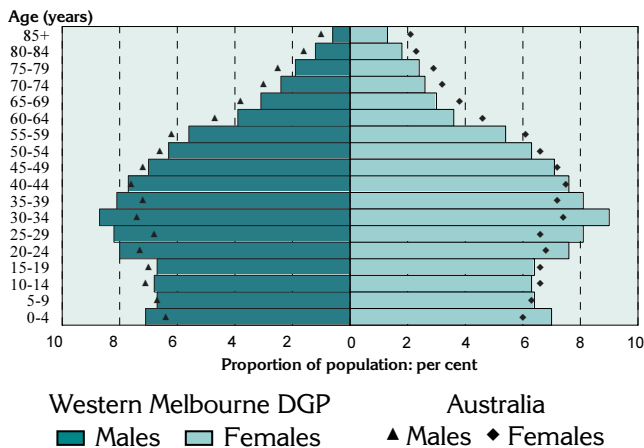
Over the five years from 1991 to 1996, the Division's population increased by 1.1% on average each year, above that in Melbourne (0.8%), and Victoria (0.6%) as a whole. From 1996 to 2001, the annual percentage increase was 1.9%, again higher than in Melbourne (1.3%), Victoria (1.2%) and Australia (1.3%). From 2001 to 2005, the population increase of 2.2% was around twice the annual increases for Melbourne and Victoria.

Table 1: Population by age, Western Melbourne DGP and Australia, 2005

Age group (years)	Western Melbourne DGP		Australia	
	No.	%	No.	%
0-14	54,755	20.1	3,978,221	19.6
15-24	39,112	14.4	2,819,834	13.9
25-44	89,064	32.7	5,878,107	28.9
45-64	61,502	22.6	4,984,446	24.5
65-74	15,122	5.6	1,398,831	6.9
75-84	9,855	3.6	954,143	4.7
85+	2,651	1.0	315,027	1.5
Total	272,061	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid (Figure 2), the Western Melbourne DGP had marginally more children aged 0 to 14 years (20.1%), 15 to 24 year old young people (14.4%) and people in the 25 to 44 year age group (32.7%) than Australia as a whole (with 19.6%, 13.9% and 28.9%, respectively) (Table 1). Conversely, the 45 years and over age groups had lower proportions compared to Australia as a whole.

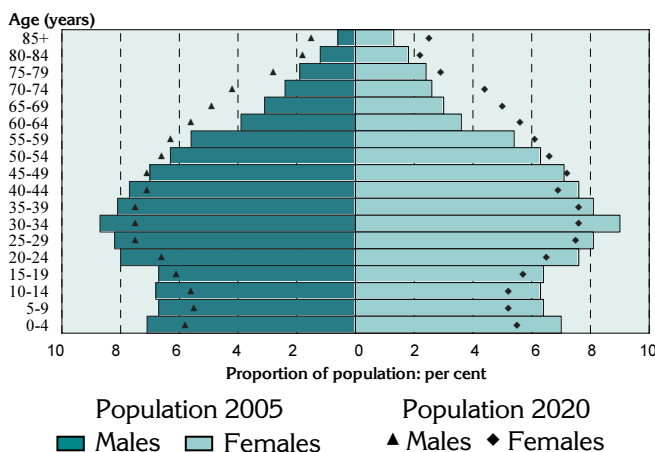
Figure 2: Population in Western Melbourne DGP and Australia, by age and sex, 2005



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

- from 0 to 4 years – a higher proportion of males and females;
- from 10 to 19 years – fewer males and females;
- from 20 to 39 years – higher proportions of both males and females; and
- at 45 years and over – lower proportions of both males and females.

Figure 3: Population projections for Western Melbourne DGP, by age and sex, 2005 and 2020



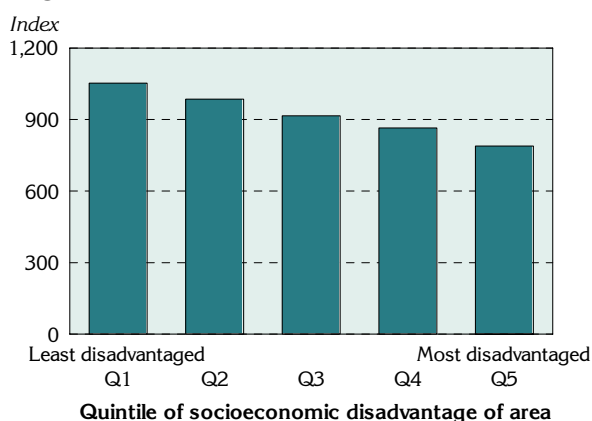
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of children, teenagers and young adults, aged 0 to 24 years;
- from 25 to 44 years – lower proportions of both males and females; and
- at 45 years and over – higher proportions of both males and females (most notably at ages 60 to 74 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Western Melbourne 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, Western Melbourne DGP, 2001



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

The Western Melbourne DGP has an index score of 922, below the score for Australia of 1000: this score varies widely across the Division, from 788 in the most disadvantaged areas to 1053 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 substantially more jobless families in the Western Melbourne DGP (23.6%), 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 lower proportion of people with private health insurance (29.8%), compared to Melbourne (49.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

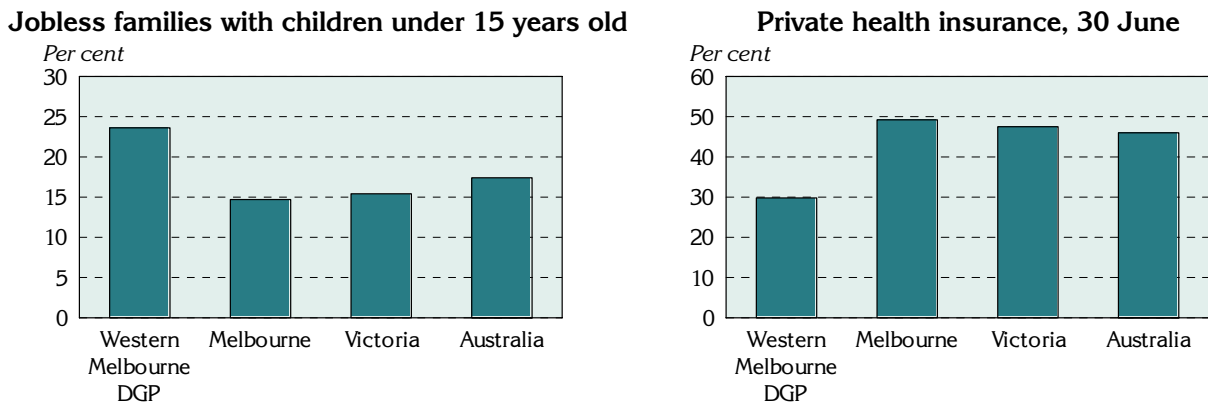
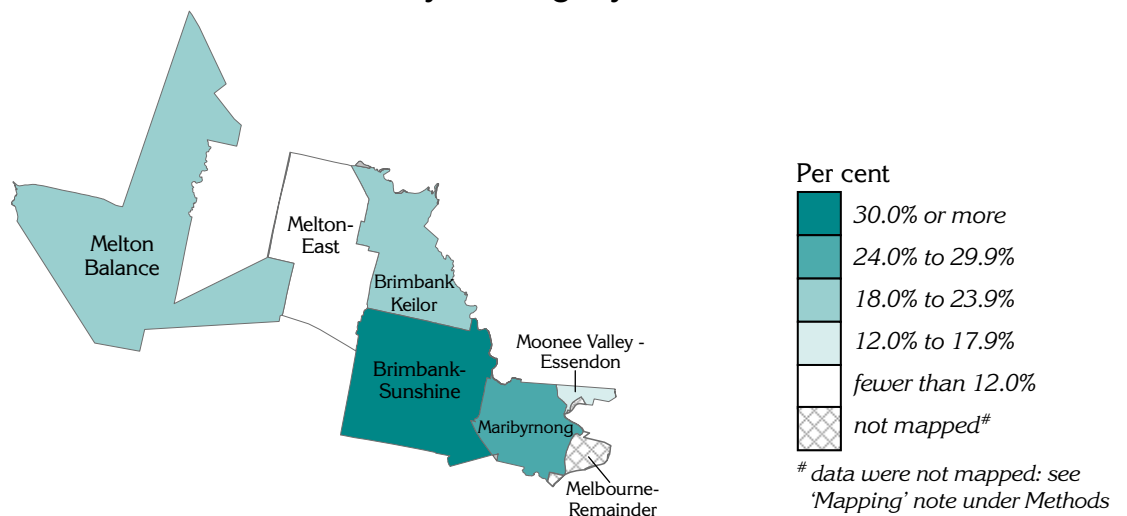


Table 2: Socio-demographic indicators, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

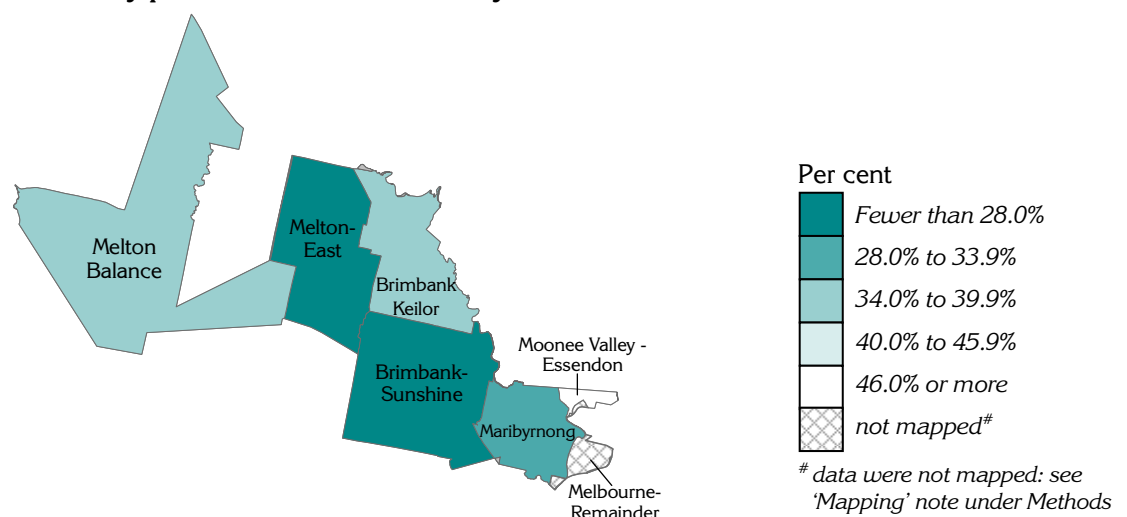
Indicator	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	6,538	23.6	52,418	14.7	77,142	15.4	357,563	17.4
Private health insurance (30 June)	71,919	29.8	1,653,598	49.2	2,196,890	47.5	8,671,106	46.0

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, Western Melbourne DGP, 2001



Map 2: People covered by private health insurance by SLA, Western Melbourne DGP, 30 June 2001



GP services to residents of the Western Melbourne 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.

Four fifths (80.9%) of all unreferred attendances to residents of the Western Melbourne DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,216,805 GP unreferred attendances (Table 3). A further 5.9% of unreferred attendances to residents were provided by GPs with a provider number in North West Melbourne DGP, with 5.6% provided by GPs in Melbourne DGP.

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

Division		Unreferred attendances	
Number	Name	No.	% ³
306	Western Melbourne DGP	1,216,805	80.9
307	North West Melbourne DGP	87,966	5.9
301	Melbourne DGP	84,637	5.6
305	Westgate DGP	27,282	1.8
304	Southcity DGP	18,592	1.2
308	Northern DGP- Melbourne	12,654	0.8
318	Central Highlands DGP	10,189	0.7
Other	..	45,281	3.0
Total	..	1,503,406	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 306 by Division in which attendance occurred

Four fifths (80.9%) of unreferred attendances provided by GPs with a provider number in Western Melbourne DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 5.8% of unreferred attendances provided by GPs in the Division were to residents of Westgate DGP, with 5.3% to people living in North West Melbourne DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs¹ in Western Melbourne DGP by Division of patient address², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
306	Western Melbourne DGP	1,216,805	80.9
305	Westgate DGP	87,176	5.8
307	North West Melbourne DGP	79,639	5.3
301	Melbourne DGP	30,946	2.1
318	Central Highlands DGP	27,330	1.8
308	Northern DGP-Melbourne	9,741	0.6
Other	..	51,890	3.5
Total	..	1,503,527	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 306 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Western Melbourne 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 more people in Western Melbourne DGP who had asthma and were smokers, compared to Melbourne as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher, although the rate consistent with that for Australia. The rate of people in Western Melbourne DGP who had type 2 diabetes and were overweight/ obese was above the rates in Melbourne and Australia.

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

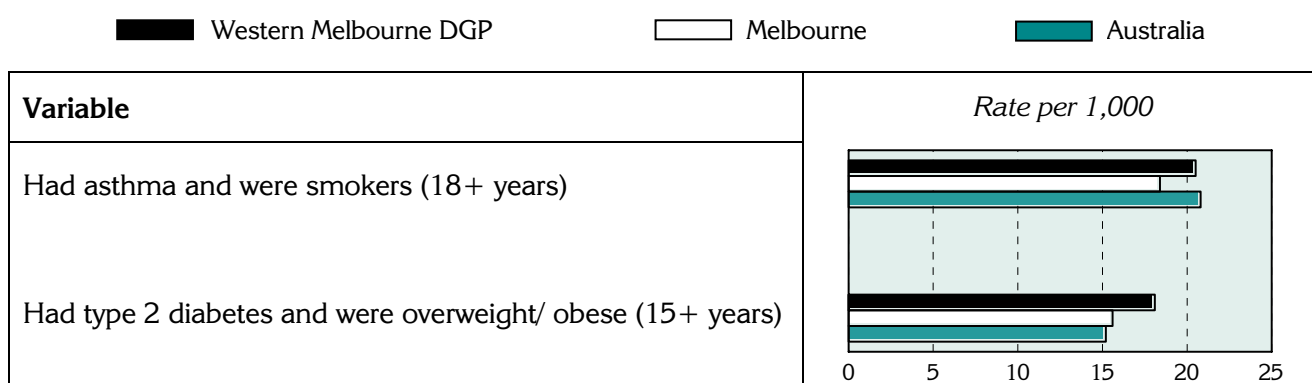


Table 5: Estimates of selected chronic diseases and risk factors, Western Melbourne DGP, Melbourne, Victoria and Australia, 2001

Variable	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma & smoked ³	5,429	20.5	66,240	18.4	95,664	19.9	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	3,770	18.1	50,057	15.6	69,192	15.1	283,176	15.2

¹ No. is a weighted estimate of the number of people in Western Melbourne 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 7,153 admissions from ambulatory care sensitive (ACS) conditions accounted for 8.5% of all admissions in the Western Melbourne DGP (Table 6, Figure 7), marginally below the levels in Victoria (8.8%) and Australia (8.7%).

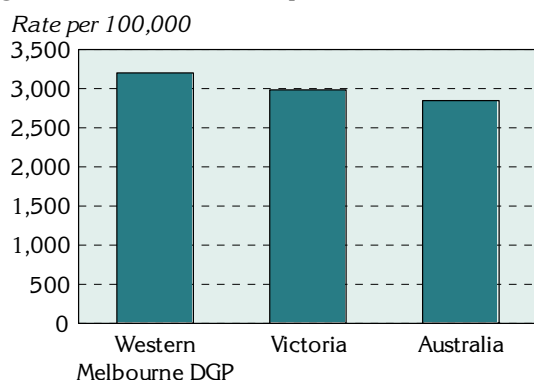
Table 6: Avoidable¹ and unavoidable hospitalisations, Western Melbourne DGP, Victoria, and Australia, 2001/02

Category	Western Melbourne DGP			Victoria			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	7,153	3,199.9	8.5	145,135	2,983.2	8.8	552,786	2,847.5	8.7
Unavoidable	77,281	33,045.6	91.5	1,510,437	31,088.3	91.2	5,818,199	29,970.7	91.3
Total	84,435	36,243.1	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 hospitalisations¹, Western Melbourne DGP, Victoria and Australia, 2001/02



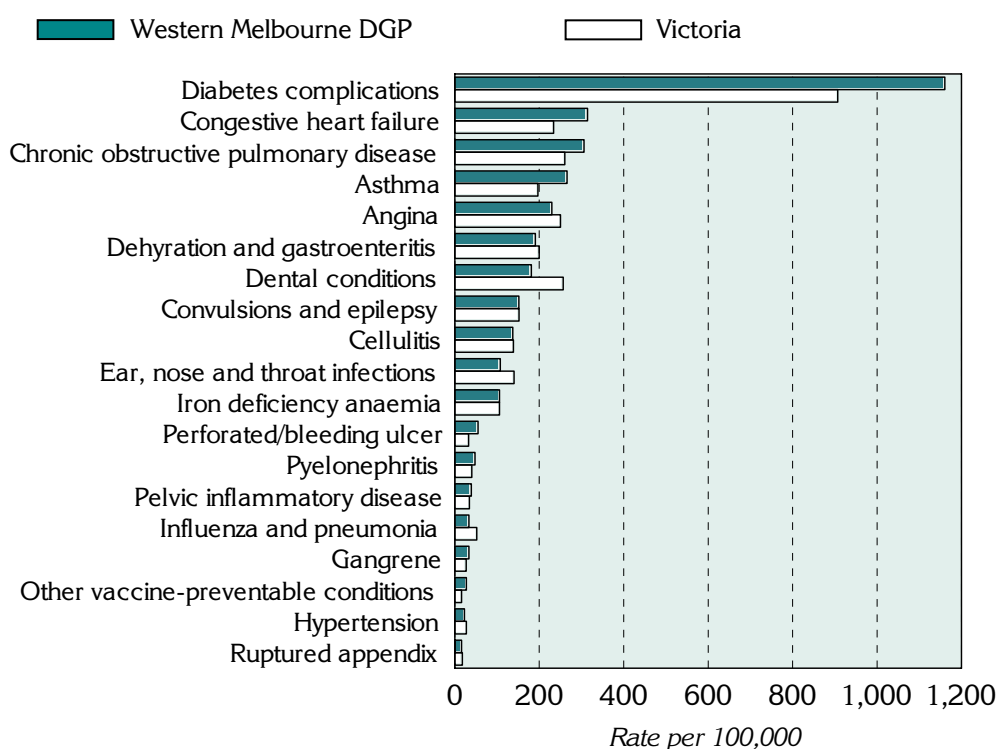
The rate of avoidable hospitalisations in Western Melbourne DGP, 3,199.9 admissions per 100,000 population, is higher than the rates for Victoria (a rate of 2,983.2) and for Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, congestive heart failure, chronic obstructive pulmonary disease, asthma and angina were the five conditions with the highest rates of avoidable hospitalisations in the Western Melbourne 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. Dehydration and gastroenteritis, and dental conditions have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, Western Melbourne DGP and Victoria, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Western Melbourne DGP, Victoria and Australia, 2001/02

Sub-category/ condition	Western Melbourne DGP		Victoria		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	145	61.3	3,293	68.0	16,573	85.4
Influenza and pneumonia	76	33.6	2,525	52.0	13,021	67.1
Other vaccine preventable	69	27.7	768	16.0	3,552	18.3
Chronic³	5,089	2,405.5	97,133	1,982.6	352,545	1,816
Diabetes complications	2,460	1,160.5	44,409	906.9	141,345	728.1
Iron deficiency anaemia	228	105.8	5,196	105.9	16,451	84.7
Hypertension	49	23.0	1,362	27.7	6,354	32.7
Congestive heart failure	597	314.2	11,655	234.1	42,447	218.6
Angina	473	229.8	12,285	250.4	49,963	257.4
Chronic obstructive pulmonary disease	619	306.2	12,850	260.7	54,853	282.6
Asthma	663	266.0	9,376	196.9	41,009	211.3
Acute	2,310	960.6	50,153	1,041.7	200,913	1,035
Dehydration and gastroenteritis	444	190.8	9,761	200.0	37,766	194.5
Convulsions and epilepsy	377	151.6	7,297	152.4	31,137	160.4
Ear, nose and throat infections	274	107.8	6,653	140.5	32,075	165.2
Dental conditions	454	181.3	12,235	256.7	43,667	224.9
Perforated/bleeding ulcer	114	55.0	1,618	32.9	5,795	29.9
Ruptured appendix	40	16.0	855	17.9	3,866	19.9
Pyelonephritis	119	47.8	1,948	40.2	7,386	38.0
Pelvic inflammatory disease	103	39.4	1,693	34.8	6,547	33.7
Cellulitis	315	137.5	6,751	139.0	28,204	145.3
Gangrene	70	33.4	1,342	27.3	4,470	23.0
Total avoidable hospitalisations⁴	7,153	3,199.9	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.

Almost three quarters (71.6%) of all deaths in Western Melbourne DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, consistent with the proportion for Melbourne (71.0%) (Table 8). However, the rate in the Division is notably (12%) higher than that in Melbourne.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.4% of all deaths at ages 0 to 74 years in Western Melbourne DGP, also consistent with 28.7% in Melbourne.

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

Mortality category	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,251	215.4	30,654	193.0	45,466	201.3	189,845	211.8
% of total	71.6	..	71.0	..	70.9	..	71.5	..
(Amenable)	(909)	(88.3)	(12,406)	(78.4)	(18,406)	(81.4)	(76,249)	(85.1)
(% of total)	(28.9)	(..)	(28.7)	(..)	(28.7)	(..)	(28.7)	(..)
Unavoidable	894	86.3	12,517	79.1	18,617	82.4	75,582	84.3
% of total	28.4	..	29.0	..	29.1	..	28.5	..
Total mortality	3,145	301.7	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. Western Melbourne DGP's rate of avoidable mortality for males was 276.6 deaths per 100,000 males, higher than the rate of 153.2 for females. The rate of amenable mortality for males in the Division was also higher, 95.3, compared to 81.1 for females, a rate ratio of 1.18 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Western Melbourne DGP, Melbourne, Victoria and Australia, 1997 to 2001

Note: the different scales

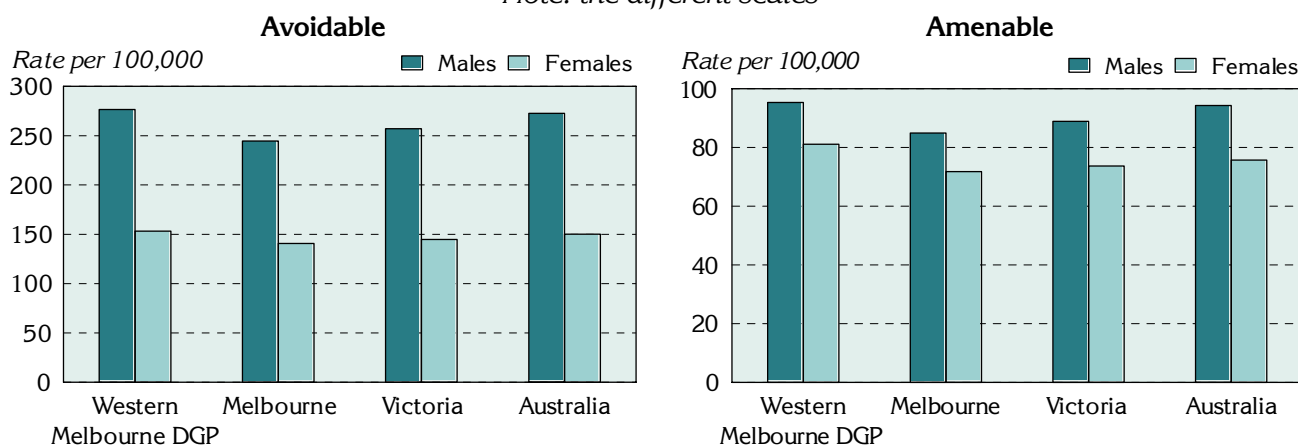


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Western Melbourne DGP, Melbourne, Victoria and Australia, 1997 to 2001

Mortality category and sex	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,457	276.6	19,378	244.5	29,042	257.0	123,026	272.6
Females	794	153.2	11,276	140.7	16,424	144.8	66,819	150.1
Total	2,251	215.4	30,354	193.0	45,466	201.3	189,845	211.8
Rate ratio-M:F²	..	1.81**	..	1.74**	..	1.77**	..	1.82**
Amenable								
Males	491	95.3	6,667	84.9	10,052	88.9	42,568	94.3
Females	419	81.1	5,739	71.8	8,354	73.7	33,681	75.7
Total	909	88.3	12,406	78.4	18,406	81.4	76,249	85.1
Rate ratio-M:F²	..	1.18*	..	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 Western Melbourne DGP, Melbourne, Victoria 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 71.8% of total YLL (0 to 74 years) for Western Melbourne DGP, consistent with the proportion for Melbourne. The proportion of YLL from amenable mortality for Western Melbourne DGP (28.3%) was also consistent with that for Melbourne (28.1%).

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

Mortality category	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	39,959	71.8	536,388	71.6	790,054	71.5	3,327,375	71.9
(Amenable)	(15,756)	(28.3)	(210,627)	(28.1)	(310,758)	(28.1)	(1,298,430)	(28.0)
Unavoidable	15,688	28.2	212,979	28.4	315,555	28.5	1,303,289	28.1
Total	55,647	100.0	749,368	100.0	1,105,610	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 1,478.8 deaths per 100,000 population in the Western Melbourne 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 307.2 in the Western Melbourne Division.

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

Mortality category and age (years)	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	67	33.9	874	26.0	1,290	27.1	5,669	28.8
15-24	58	51.5	1,120	45.2	1,627	49.3	7,045	52.8
25-44	213	76.3	4,090	75.6	5,705	78.9	24,356	83.9
45-64	492	307.2	10,123	273.0	15,004	286.9	64,282	304.9
65-74	664	1,478.8	14,447	1265.1	21,840	1306.6	88,493	1,358.1
Total	1,494	218.4	30,654	193.0	45,466	201.3	189,845	211.8
Amenable								
0-24	58	17.8	836	14.6	1,189	14.9	5,083	15.4
25-44	58	20.7	963	18.0	1,382	19.1	5,946	20.5
45-64	193	120.6	4,398	118.2	6,489	123.8	27,464	130.3
65-74	281	625.1	6,209	542.7	9,348	558.6	37,756	579.4
Total	589	87.0	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 Western Melbourne DGP were for cancer, with a rate of 75.6 deaths per 100,000 population, and cardiovascular diseases, 67.9 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 50.3 per 100,000 population and 26.5 per 100,000, respectively.

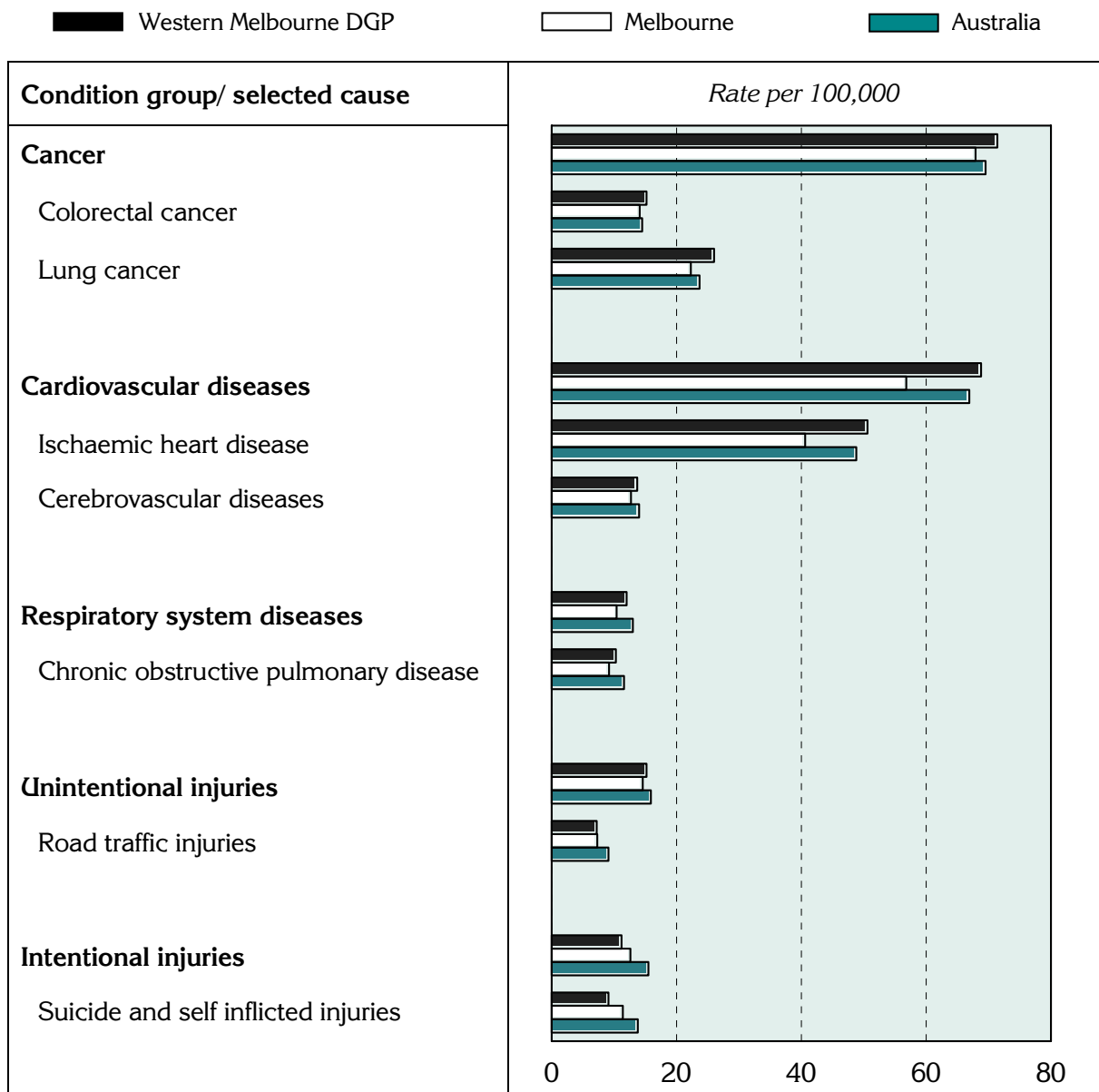
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Western Melbourne DGP, Melbourne, Victoria and Australia, 1997 to 2001

Condition group/ selected cause	Western Melbourne DGP		Melbourne		Victoria		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	499	75.6	10,739	67.9	15,813	69.8	62,338	69.5
Colorectal cancer	85	13.1	2,218	14.1	3,351	14.8	13,008	14.5
Lung cancer	171	26.5	3,505	22.3	5,244	23.1	21,208	23.7
Cardiovascular diseases	441	67.9	8,946	56.8	13,612	60.0	59,945	66.9
Ischaemic heart disease	327	50.3	6,377	40.6	9,809	43.3	43,712	48.8
Cerebrovascular diseases	87	13.4	2,013	12.7	2,947	12.9	12,558	14.0
Respiratory system diseases	72	11.2	1,644	10.4	2,621	11.5	11,612	13.0
Chronic obstructive pulmonary disease	63	10.0	1,451	9.2	2,339	10.2	10,395	11.6
Unintentional injuries	121	15.4	2,394	14.6	3,536	15.9	14,224	15.9
Road traffic injuries	57	7.3	1,192	7.3	1,931	8.7	8,138	9.1
Intentional injuries	110	13.9	2,074	12.6	3,020	13.6	13,891	15.5
Suicide and self inflicted injuries	100	12.7	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 were generally above, or consistent with, those for Melbourne and Australia: the exceptions were in the injury categories (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Western Melbourne 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 Western Melbourne 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, 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 all or part of the other SLAs listed in Table 14 comprise the Division.

Table 14: SLAs and population in Western Melbourne 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
21181	Brimbank (Keilor)	89.1	80,666
21182	Brimbank (Sunshine)	100.0	85,404
24330	Maribyrnong	95.6	59,268
24608	Melbourne (Remainder)	0.8	377
24651	Melton (East)	74.5	26,694
24654	Melton (Balance)	33.1	13,328
25063	Moonee Valley (Essendon)	9.4	6,324

* Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas

Acknowledgements

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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 December 2006).

PHIDU contact details

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