

Population health profile of the Perth Central Coast Division of General Practice

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The data in this report are designed to be used for needs assessment and planning purposes: while they are based on the best available data and analytic processes, data available by postcode or Statistical Local Area, as used in this report, cannot be precisely translated to Division. Division totals in the report should, therefore, be seen as estimates. 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

Perth Central Coast Division of General Practice

Introduction

This profile has been designed to provide a description of the population of the Perth Central Coast 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. Perth 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 selected chronic diseases and risk factors (pages 9-13).

Key indicators

Location: Western Australia

Division number: 602

Population‡:	No.	%
Total	128,458	
65+	18,643	14.5%
<25	41,049	32.0%
Indigenous	641	0.5%

Disadvantage score¹: 1094

GP services per head of population:

Division‡	5.3
Australia	4.7

Population per FTE GP:

Division‡	1,057
Australia	1,403

Premature death rate²:

Division‡	242.6
Australia	290.4

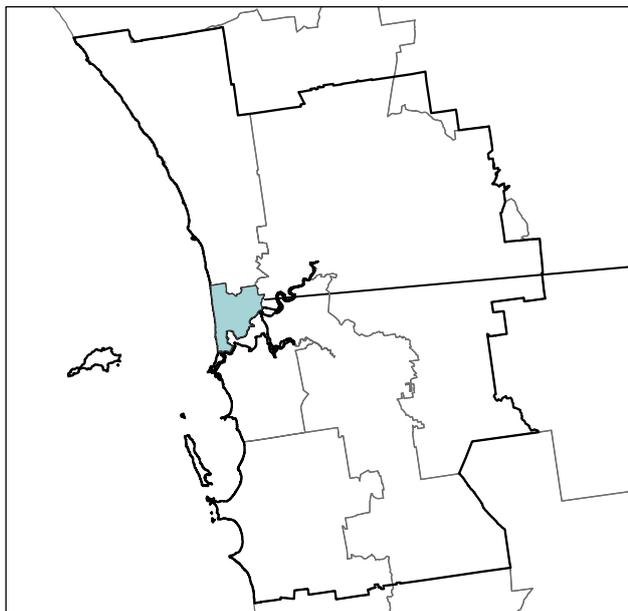
¹ Numbers above 1000 (the index score for Australia) indicate the Division is relatively advantaged

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

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

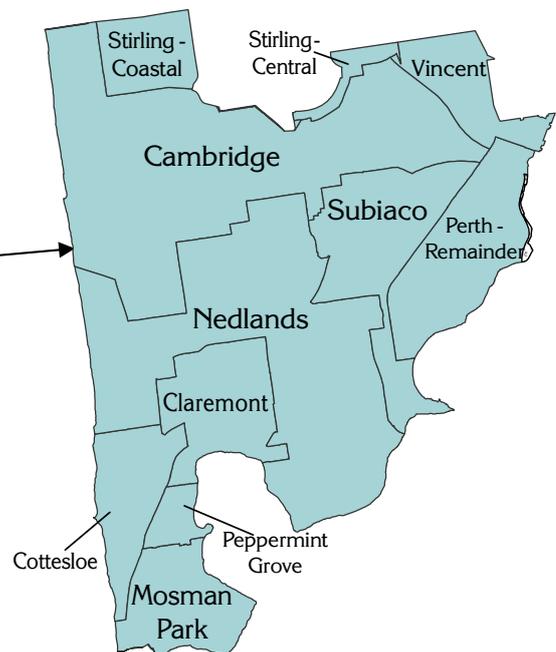
Perth Central Coast Division of General Practice

Perth Divisions of General Practice



— Perth Divisions of General Practice
 — Perth Statistical Division

Perth Central Coast DGP by SLA

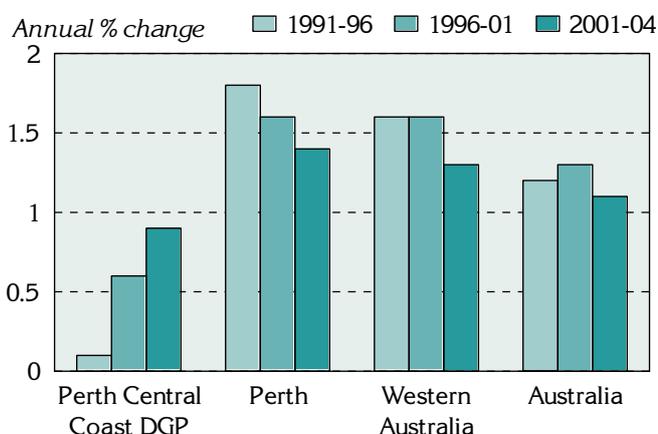


Socio-demographic profile

Population

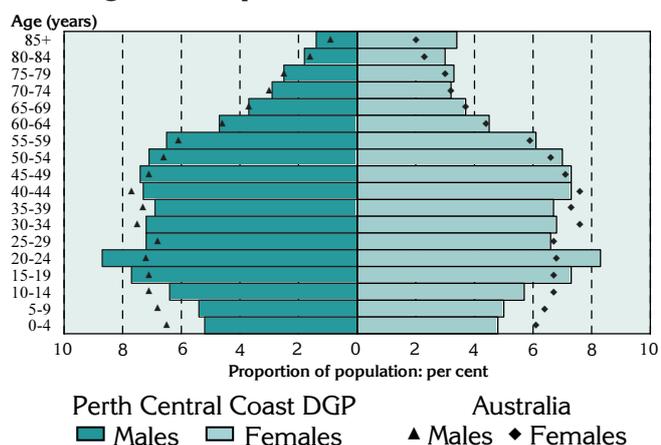
The Perth Central Coast Division had an Estimated Resident Population of 128,458 at 30 June 2004.

Figure 1: Annual population change, Perth Central Coast DGP‡, Perth, Western Australia 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 0.1% on average each year, much lower than in Perth (1.8%) and Western Australia (1.6%). From 1996 to 2001, the annual percentage increase in the Division (0.6%) was still below the increases for Perth and Western Australia (both 1.6%). The Division's growth rate from 2001 to 2004 (0.9%) was again below the annual increases for Perth (1.4%) and Western Australia (1.3%).

Figure 2: Population in Perth Central Coast DGP‡ and Australia, by age and sex, 2004



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

- at younger ages – substantially lower proportions of children aged 0 to 14 years and higher proportions of young people aged 15 to 24 years;
- from 30 to 44 years – lower proportions of both males and females; and
- at older ages – a higher proportion of males at ages 80 years and over, and substantially more females from 75 years of age.

Table 1: Population by age, Perth Central Coast DGP‡ and Australia, 2004

Age group (years)	Perth Central Coast DGP		Australia	
	No.	%	No.	%
0-14	20,817	16.2	3,978,751	19.8
15-24	20,232	15.7	2,762,769	13.8
25-44	36,172	28.2	5,881,048	29.3
45-64	32,594	25.4	4,864,037	24.2
65-74	8,715	6.8	1,374,792	6.8
75-84	6,816	5.3	934,505	4.7
85+	3,112	2.4	295,602	1.5
Total	128,458	100.0	20,091,504	100.0

As shown in the age-sex pyramid above, the Perth Central Coast DGP had relatively fewer children than Australia as a whole, with 16.2% at ages 0 to 14 years (compared to 19.8% for Australia) (Table 1). Conversely, the proportion of young people aged 15 to 24 years was higher (15.7%, compared to 13.8%). The 75 to 84 years and 85 years and over age groups had slightly higher proportions compared to Australia.

The Perth Central Coast DGP comprised 9.1% of people born in predominantly non-English speaking countries and resident in Australia for five years or more (Table 2), notably below the proportion in Perth (11.7%). Recent arrivals (those resident in Australia for less than five years) from non-English speaking countries comprised a high 3.9% of the Division's population compared with 2.6% in Perth.

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

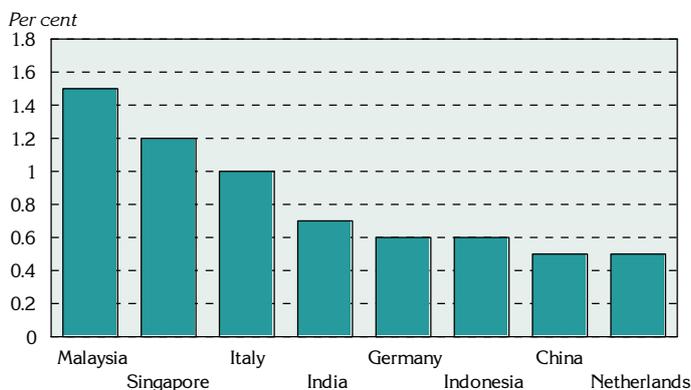
Of these residents, 1.2% had poor proficiency in English (determined when people aged five years and over born overseas in predominantly non-English speaking countries reported in the Census speaking another language and speaking English 'not well' or 'not at all'), compared to higher proportions in Perth (1.9%), Western Australia (1.5%) and Australia (2.4%).

Table 2: Non-English speaking born, Perth Central Coast DGP, Perth, Western Australia and Australia, 2001

People born in predominantly non-English speaking countries	Perth Central Coast DGP		Perth		Western Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Resident in Australia for five years or more	10,830	9.1	159,996	11.7	175,201	9.6	2,019,410	10.8
Resident in Australia for less than five years	4,656	3.9	34,707	2.6	37,012	2.0	408,074	2.2
Poor proficiency in English ¹	1,401	1.2	23,996	1.9	25,389	1.5	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, Perth Central Coast DGP, 2001



Australian-born people comprised 71.0% of the Division's population, just below the Australian figure of 72.6%). Of the 15.2% of people from English speaking countries, 10.6% were from the UK and Eire. The major birthplaces of the non-English speaking population include Malaysia (1.5%); Singapore (1.2%); Italy (1.0%); India (0.7%); Germany and Indonesia (both 0.6%); and China and The Netherlands (both 0.5%).

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 Perth Central Coast DGP had a notably lower proportion of single parent families (9.0%) and less than one third the proportion of Aboriginal and Torres Strait Islanders (0.5%) than in Perth as a whole (with 0.9% and 1.6%, respectively) (Figure 4, Table 3).

Full-time secondary school education participation of 16 year olds living in the Division (85.9%) was notably higher than the rate for Perth (74.5%).

A lower proportion of the Division's households received rent assistance from Centrelink (12.5%), compared to Perth (14.1%), and there were fewer dwellings rented from the State housing authority (2.7%, compared to 3.9%). The proportion of dwellings with no access to a motor vehicle (10.4%) was higher than that for Perth (7.8%), and for Western Australia (7.6%).

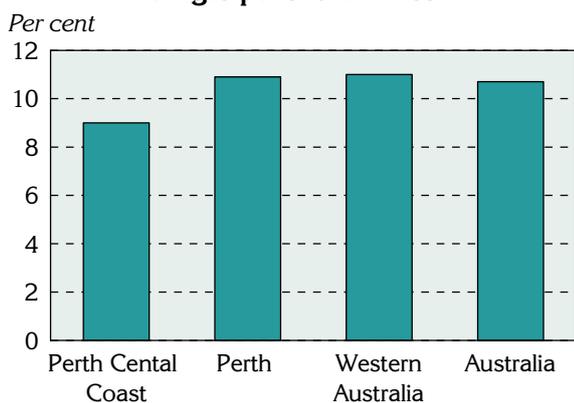
The Division had notably higher proportions of the population who reported using, at home, a computer (53.8%) and markedly more reporting Internet use at home (40.6%) than in Perth (46.2% and 31.3%).

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

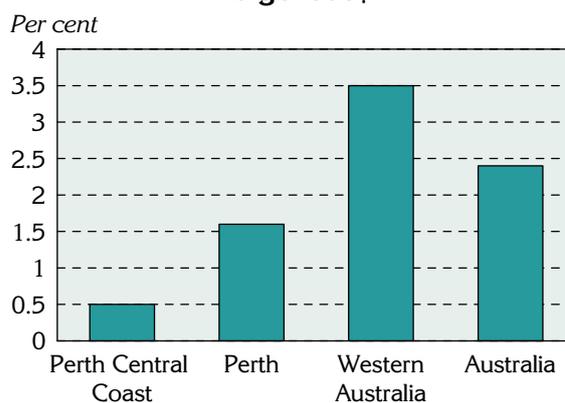
Figure 4: Socio-demographic indicators, Perth Central Coast DGP, Perth, Western Australia and Australia, 2001

Note the different scales

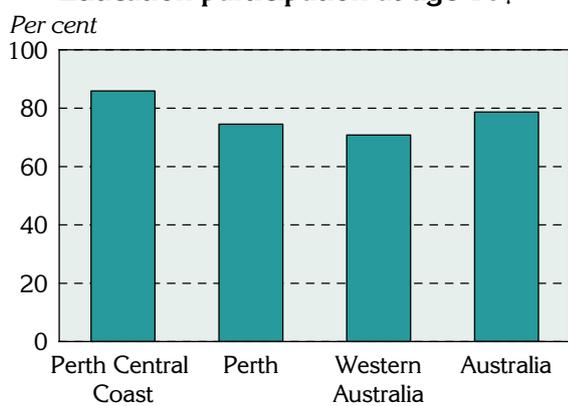
Single parent families



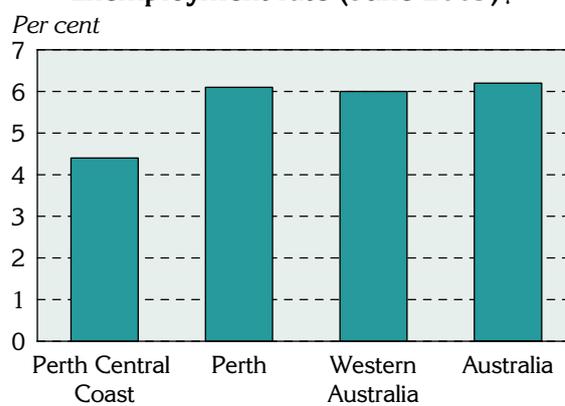
Indigenous‡



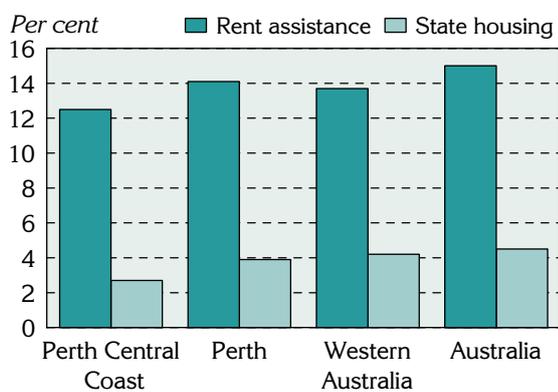
Education participation at age 16‡



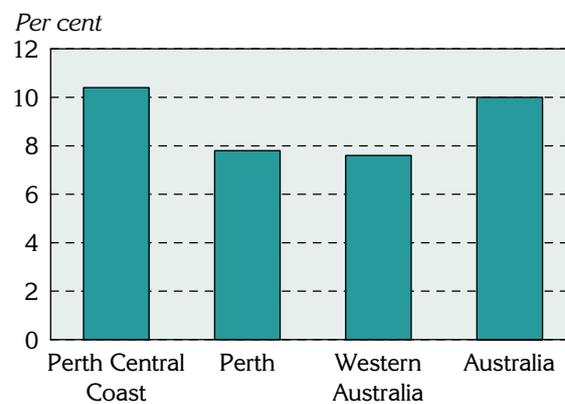
Unemployment rate (June 2003)‡



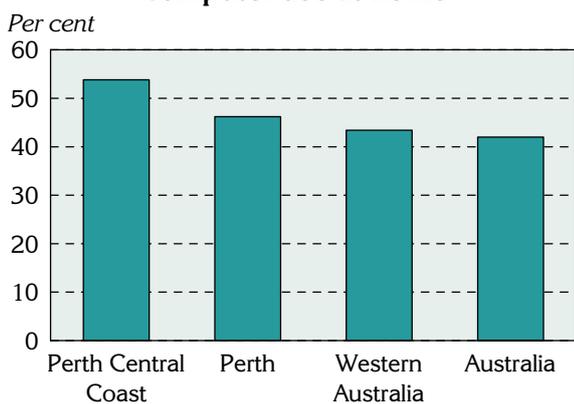
Households receiving rent assistance & Dwellings rented from State housing authority



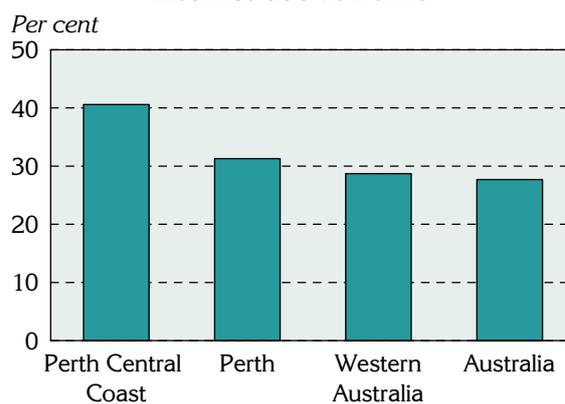
Dwellings with no motor vehicle



Computer use at home



Internet use at home



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

Table 3: Socio-demographic indicators, Perth Central Coast DGP, Perth, Western Australia and Australia, 2001

Indicator	Perth Central Coast DGP		Perth		Western Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Single parent families	2,587	9.0	38,887	10.9	52,889	11.0	529,969	10.7
Indigenous‡	641	0.5	22,073	1.6	65,932	3.5	458,261	2.4
Full-time secondary school education at age 16‡	1,509	85.9	15,431	74.5	19,758	70.8	130,198	78.7
Households: rent assistance	5,944	12.5	69,423	14.1	90,407	13.7	1,006,599	15.0
Dwellings rented from the State housing authority	1,384	2.7	20,177	3.9	29,399	4.2	317,171	4.5
Dwellings: no motor vehicle	5,266	10.4	40,088	7.8	53,102	7.6	708,073	10.0
Computer use at home	64,097	53.8	612,156	46.2	794,456	43.4	7,881,983	42.0
Internet use at home	48,172	40.6	418,815	31.3	525,212	28.7	2,019,410	27.7

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

The unemployment rate of 4.4% in Perth Central Coast DGP was around two-thirds the rate for Perth (6.1%) and Western Australia (6.0%) (Figure 4, Table 4). The labour force participation rate (76.6%) was similar to those for Perth (75.2%) and Western Australia (76.3%), while the female labour force participation rate (73.9%) was slightly higher than for both Perth (70.1%) and Western Australia (69.2%).

Table 4: Unemployment and labour force participation, Perth Central Coast DGP, Perth, Western Australia and Australia, 2003

Labour force indicators	Perth Central Coast DGP		Perth		Western Australia		Australia	
	No.	%	No.	%	No.	%	No.	%
Unemployment rate ‡	2,967	4.4	45,455	6.1	61,017	6.0	623,791	6.2
Labour force participation‡	67,729	76.6	743,644	75.2	1,015,487	76.3	10,038,147	75.2
Female labour force participation (2001)	23,019	73.9	244,179	70.1	323,030	69.2	3,306,521	69.7

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

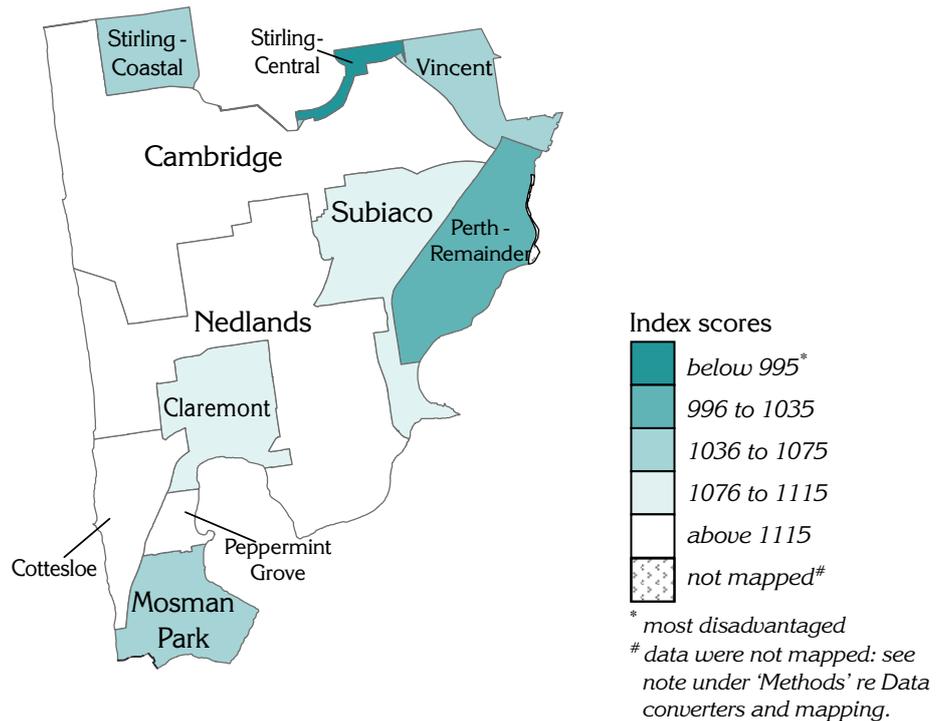
Summary of the socioeconomic ranking of the Perth Central Coast DGP

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socioeconomic 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 Perth and Hills DGP are shown in the supporting information, Table 9, page 17: SLAs are described on page 18.

The Perth and Hills DGP area's SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score is 1094, notably (9.4%) above the score for Australia (1000) and above the score for Perth (1017); this highlights the high socioeconomic status profile of the Perth Central Coast 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, Perth Central Coast 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.



General medical practitioner (GP) supply

A total of 121.1 full-time equivalent (FTE) GPs and 125.4 full-workload equivalent (FWE¹) GPs worked in the Division over 2003/04 (Table 5). Of the FWE GPs, 32.7% were female, and 29.3% were over 55 years of age (compared to 26.1% and 27.8%, respectively, for Western Australia).

Apart from the day-time population, the rates of population per FTE GP varied, depending on the population measure used, from a high of 1,057 people per GP (calculated on the average Estimated Resident Population (ERP) as at 30 June 2003 and 2004), to a low of 1,001 people per GP (calculated on the 1 August 2001 Usual Resident Population (URP) – usual residents of the Division counted in Australia on Census night). The rates of population per FWE GP were lower, ranging from 967 (calculated on the URP) to 1,021 (calculated on the ERP). When calculated on the estimated day-time population, the rates were 14.8% above those calculated on the URP, reflecting the net movement of people into the Division during the day for employment.

Based on the ERP, the rates of population per GP in Perth Central Coast DGP were notably below those for Western Australia and Australia, indicating a much higher level of provision of GP services.

Table 5: Population per GP in Perth Central Coast DGP, 2003/04

Population measure	Population	GPs		Population per GP	
		FTE	FWE	FTE	FWE
Perth and Hills DGP					
Census count (adjusted)*	121,804	121.1	125.4	1,006	971
Usual Resident Population(URP) (adjusted)*	121,278	..	..	1,001	967
Estimated Resident Population (ERP)	127,988	..	..	1,057	1,021
Day-time population (estimated on URP)* ‡	139,267	..	..	1,150	1,111
Western Australia (ERP)	1,966,076	1,284	1,450	1,531	1,356
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 2003/04, 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 93.3% of children in the Division in 2002 were fully immunised at age one, marginally lower than 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 a low 34.8%, compared to 70.0% for Australia, with 60.6% immunised by 'other providers', in this case the State Health Department. Other providers were local government councils (2.3%) and public hospitals (2.1%).

Table 6: Childhood immunisation at ages 0 to 6 by provider type, Perth Central Coast DGP and Australia, 2003/04

Provider	Perth Central Coast DGP	Australia
	%	%
General practitioner	34.8	70.0
Local government council	2.3	16.6
Community health centre/ worker	0.0	9.8
Public hospital	2.2	2.1
Aboriginal health service/ worker	0.0	0.9
Other	60.6	0.6
Total: Per cent	100.0	100.0
Number	47,302	3,843,610

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

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 reference 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 (242.6 deaths per 100,000 population) is lower than for Perth (267.7) and notably below that for 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.

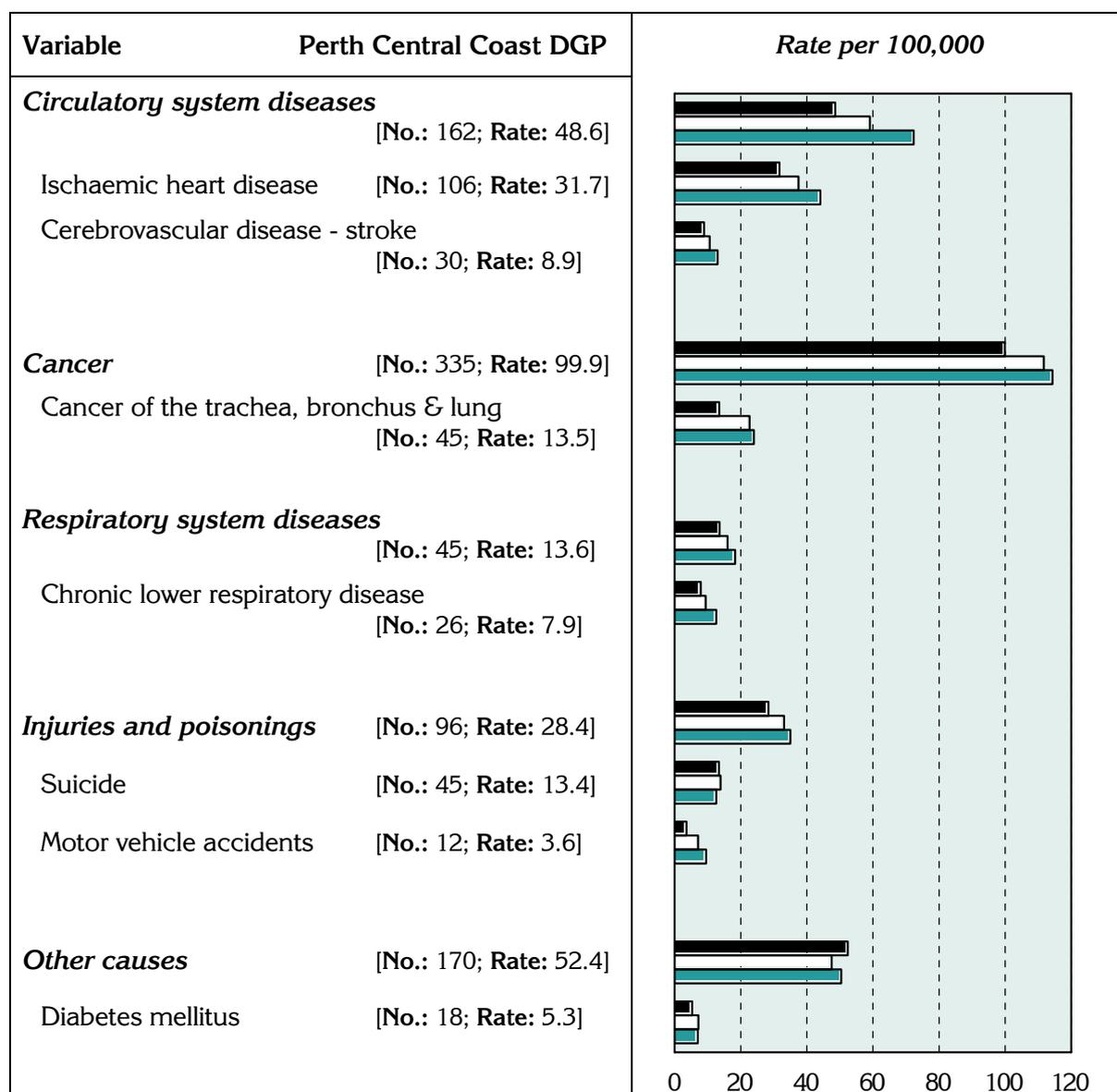
The major causes of premature mortality in the Division, as for Perth and Australia as a whole, are cancer and diseases of the circulatory system (Figure 5). With the exceptions of suicide and the 'other causes' group (including diabetes mellitus), death rates in the Division for the major conditions and selected causes were lower than those for Perth and Australia.

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, Perth Central Coast DGP‡, Perth and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

■ Perth Central Coast DGP □ Perth ■ Australia



* '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, and are not based 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, are 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 are overweight (not obese), obesity, smoking, lack of exercise and high-risk alcohol use.

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 respiratory system diseases, injuries and osteoporosis (females), relatively fewer people in Perth Central Coast DGP reported having any of the listed conditions than in Australia as a whole (Figure 6): that is, the prevalence rates per 1,000 population were higher. The generally lower rates are consistent with the socioeconomic status profile of the population of the Division.

Prevalence estimates: self-reported health‡

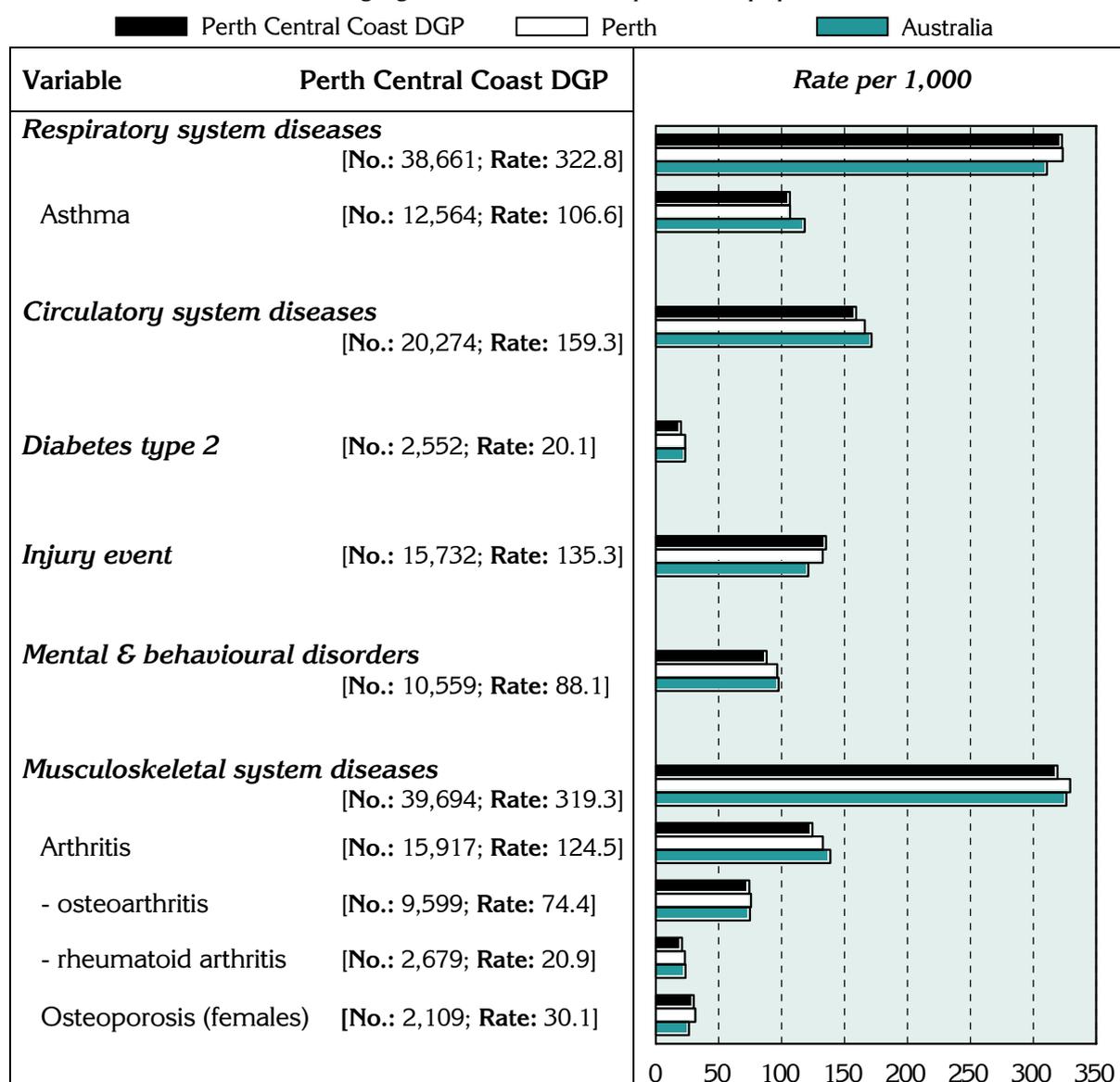
The NHS includes two measures of self-reported health. One is the Kessler Psychological Distress Scale–10 items (K–10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the four weeks prior to interview, asked of respondents 18 years and 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 fewer people with very high psychological distress levels as measured by the K–10 than for Australia as a whole (Figure 7). The proportion of the population aged 15 years and over estimated to have reported their health as ‘fair’ or ‘poor’ is notably below the national average.

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

Figure 6: Estimates* of chronic disease and injury, Perth Central Coast DGP‡, Perth and Australia, 2001

Indirectly age standardised rate per 1,000 population

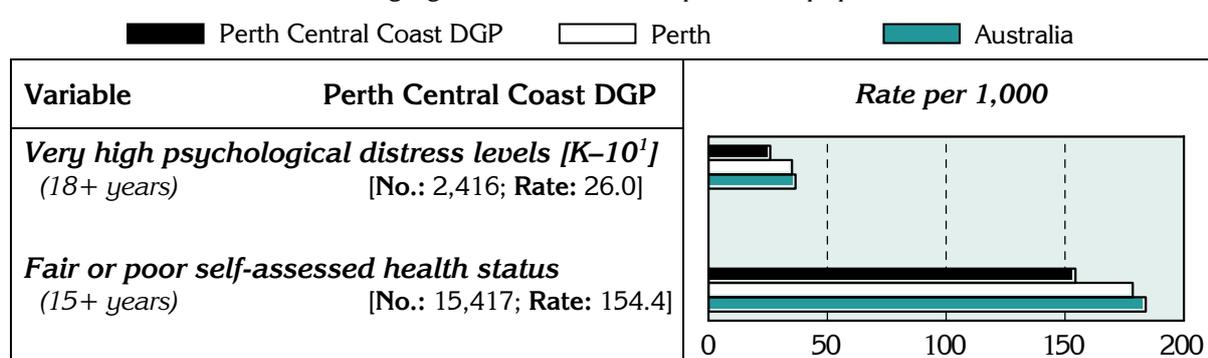


* 'No.' is a weighted estimate of the number of people in Perth & Hills DGP reporting each chronic condition and is derived from synthetic predictions from the 2001 NHS

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

Figure 7: Estimates* of measures of self-reported health, Perth Central Coast DGP‡, Perth and Australia, 2001

Indirectly age standardised rate per 1,000 population



* 'No.' is a weighted estimate of the number of people in Perth Central Coast DGP reporting under these measures and is derived from synthetic predictions from the 2001 NHS

¹ Kessler 10

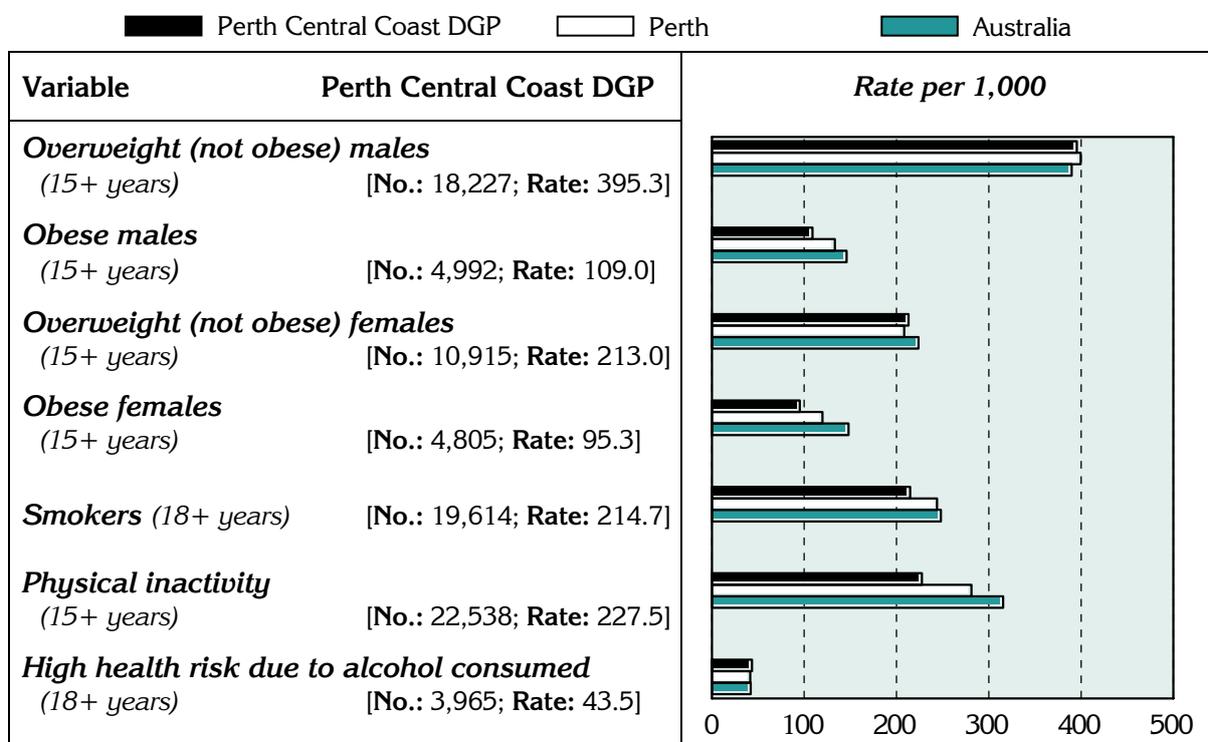
‡ See note under 'Data converters and mapping' re calculation of Division totals

Prevalence estimates: risk factors‡

The Perth Central Coast DGP had relatively lower rates (when compared with the Australian population) for the selected risk factors, except for overweight in males and osteoporosis (females) (Figure 8). The generally lower rates are consistent with the socioeconomic status profile of the area.

Figure 8: Estimates* of selected risk factors, Perth Central Coast DGP‡, Perth and Australia, 2001

Indirectly age standardised rate per 1,000 population



* 'No.' is a weighted estimate of the number of people in Perth Central Coast DGP with these risk factors and has been predicted using data from the 2001 NHS and known data for the Division

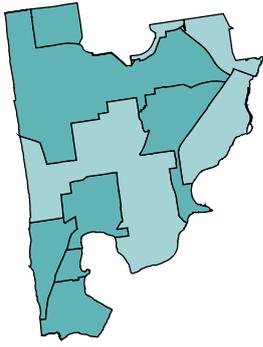
‡ See note under 'Data converters and mapping' re calculation of Division totals

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).

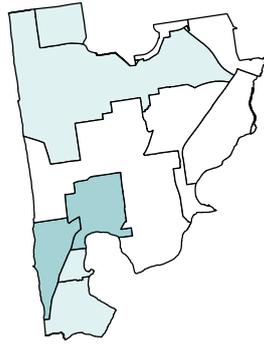
In the following maps, users should note that the estimates shown for part SLAs in the Division (see Table 11, page 18, for per cent of SLA population in the Division) represent the estimates for the whole SLA, and not just the part shown. However, SLAs with only a small proportion of their population 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, Perth Central Coast DGP, 2001

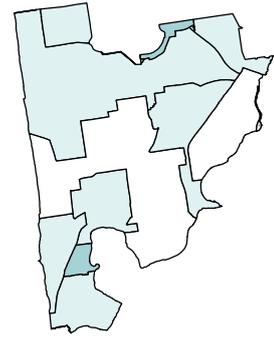
Respiratory system diseases



Respiratory system diseases: Asthma



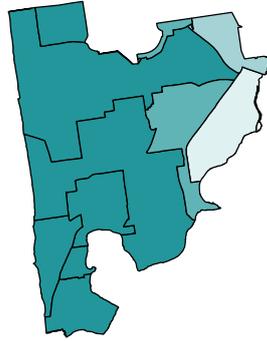
Circulatory system diseases



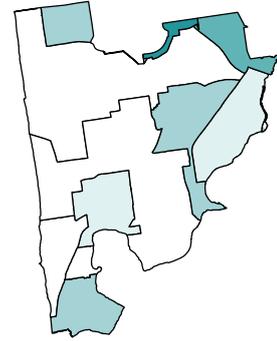
Diabetes type 2



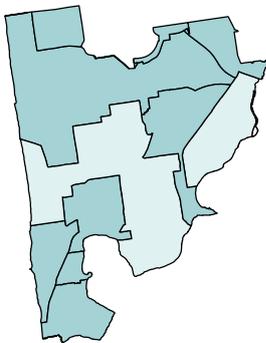
Injury event



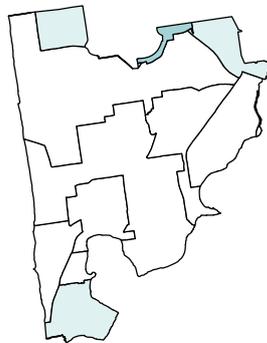
Mental & behavioural disorders



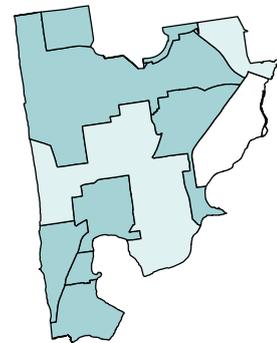
Musculoskeletal system diseases



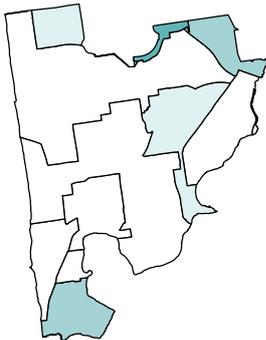
Musculoskeletal system diseases: Arthritis



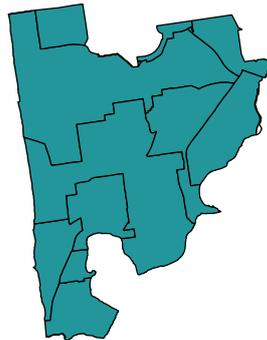
Arthritis: Osteoarthritis



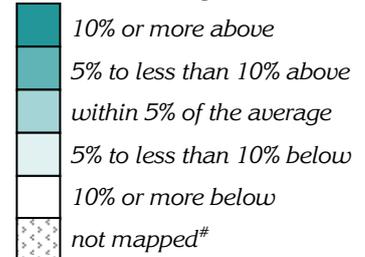
Arthritis: Rheumatoid arthritis



Osteoporosis (females)



Per cent difference from Australian average



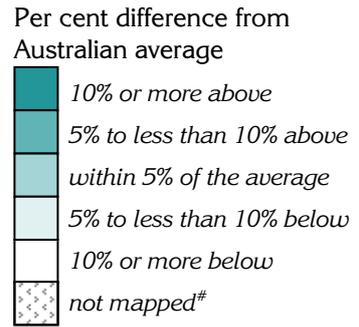
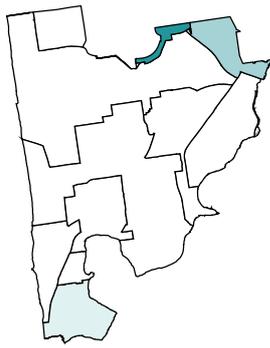
* The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.

Data not mapped: see Notes on the data.

Map 3: Estimates* of measures of self-reported health by SLA, Perth Central Coast DGP, 2001

Very high psychological distress levels [K-10¹] (18+ years)

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



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

Data not mapped: see Notes on the data.

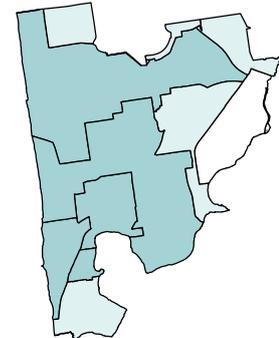
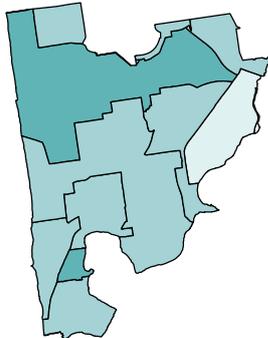
¹ Kessler 10

Map 4: Estimates* of selected risk factors by SLA, Perth Central Coast DGP, 2001

Overweight (not obese) males (15+ years)

Obese males (15+ years)

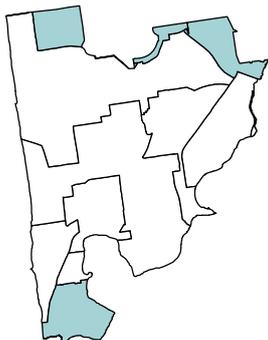
Overweight (not obese) females (15+ years)



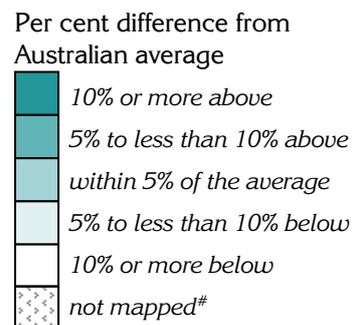
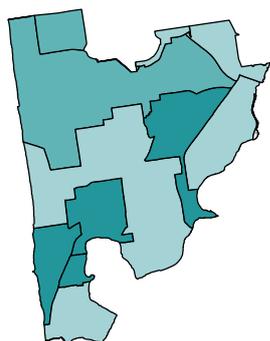
Obese females (15+ years)

Smokers (18+ years)

Physical inactivity(15+ years)



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



* 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 'Perth' relate to the Perth 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: - <i>Indigenous</i> – Experimental estimates of Aboriginal and Torres Strait Islander people, ABS 2001 (unpublished) - <i>Full-time secondary education participation at age 16</i> – Census 2001 (unpublished) - <i>Households receiving rent assistance</i> – Centrelink, December Quarter 2001 (unpublished) - <i>Unemployment rate / Labour force participation</i> – extracted from <i>Small Area Labour Markets Australia</i> , 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 factors⁴	
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	- Respondents 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 11.

[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

This and other information is also available at www.publichealth.gov.au.

A definition of population health

Population health, in the context of general practice, has been defined¹ 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 Perth Central Coast 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, Perth Central Coast DGP, 2001

SLA code	SLA name (% per cent of SLA in Division)	Index score			
		Disadvantage	Advantage	Economic Resources	Education & Occupation
51310	Cambridge (100.0)	1126	1170	1144	1179
51750	Claremont (100.0)	1111	1171	1137	1185
52170	Cottesloe (100.0)	1132	1199	1182	1206
55740	Mosman Park (100.0)	1057	1117	1090	1135
56580	Nedlands (100.0)	1131	1197	1166	1207
56930	Peppermint Grove (100.0)	1145	1209	1210	1190
57082	Perth - Remainder (33.1)	1031	1102	1055	1145
57914	Stirling - Central (3.5)	964	972	958	986
57915	Stirling - Coastal (38.4)	1072	1092	1061	1103
57980	Subiaco (100.0)	1083	1164	1115	1199
58570	Vincent (28.3)	1045	1080	1038	1115

* 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

Statistical geography of the Perth Central Coast DGP

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

Table 10: Postcodes in Perth Central Coast DGP, 2004

Postcode	Per cent of postcode population in the Division*	Postcode	Per cent of postcode population in the Division*	Postcode	Per cent of postcode population in the Division*
6005	100	6014	100	6902	100
6007	100	6015	100	6903	100
6008	100	6016	50	6904	100
6009	100	6018	50	6909	100
6010	100	6019	50	6910	100
6011	100	6872	100	6913	100
6012	100	6901	100	6921	50

* 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 Stirling has two SLAs – Central (4% of which is estimated to be in this Division) and Coastal (29%). These SLAs and all or parts of the other SLAs listed in Table 11 comprise the Division.

Table 11: SLAs in Perth Central Coast 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
51310	Cambridge	100.0	24,500
51750	Claremont	100.0	9,123
52170	Cottesloe	100.0	7,601
55740	Mosman Park	100.0	8,576
56580	Nedlands	100.0	21,918
56930	Peppermint Grove	100.0	1,676
57082	Perth - Remainder	33.1	3,071
57914	Stirling - Central	3.5	3,511
57915	Stirling - Coastal	38.4	24,589
57980	Subiaco	100.0	16,365
58570	Vincent	28.3	7,528

* 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, Perth Central Coast DGP‡, Perth and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

Variable	Perth Central Coast DGP‡		Perth		Australia	
	No.	Rate	No.	Rate	No.	Rate
Circulatory system diseases	162	48.6	2,046	59.1	38,357	72.3
Ischaemic heart disease	106	31.7	1,297	37.5	23,364	44.1
Cerebrovascular disease – stroke	30	8.9	366	10.6	6,920	13.0
Cancer	335	99.9	3,903	111.7	60,603	114.3
Cancer of the trachea, bronchus & lung	45	13.5	785	22.7	12,715	24.0
Respiratory system diseases	45	13.6	550	16.0	9,726	18.3
Chronic lower respiratory disease	26	7.9	322	9.4	6,657	12.6
Injuries and poisonings	96	28.4	1,250	33.1	18,573	35.0
Suicide	45	13.4	527	13.9	6,706	12.6
Motor vehicle accidents	12	3.6	271	7.1	5,014	9.5
Other causes	170	52.4	1,692	47.5	26,735	50.4
Diabetes mellitus	18	5.3	250	7.2	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 data used to illustrate the prevalence estimates of chronic disease (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, Perth Central Coast DGP‡, Perth and Australia, 2001

Indirectly age standardised rate per 1,000 population

Variable	Perth Central Coast DGP‡	Perth	Australia
Chronic disease and injury (Figure 6)			
Respiratory system diseases	322.8	323.5	310.8
Asthma	106.6	106.8	118.3
Circulatory system diseases	159.3	166.1	171.5
Diabetes type 2	20.1	23.5	23.4
Injury event	135.3	132.7	121.2
Mental & behavioural disorders	88.1	96.6	97.6
Musculoskeletal system diseases	319.3	329.4	326.2
Arthritis	124.5	132.8	138.8
- Osteoarthritis	74.4	75.7	74.9
- Rheumatoid arthritis	20.9	23.2	23.6
Osteoporosis (females)	30.1	31.5	26.4
Measures of self-reported health (Figure 7)			
Very high psychological distress levels (18+ years)	26.0	35.1	36.6
Fair or poor self-assessed health status (15+ years)	154.4	178.5	184.0
Risk factors (Figure 8)			
Overweight (not obese) males (15+ years)	395.3	399.5	389.7
Obese males (15+ years)	109.0	133.2	145.9
Overweight (not obese) females (15+ years)	213.0	208.3	223.9
Obese females (15+ years)	95.3	119.8	148.0
Smokers (18+ years)	214.7	243.9	248.0
Physical inactivity (15+ years)	227.5	281.3	315.5
High health risk due to alcohol consumed (18+ years)	43.5	41.7	42.1

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

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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.

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

Acknowledgements

Funding for these profiles was provided by the Population Health Division of the Department of Health and Ageing (DoHA). Assistance, by way of comment on the profiles and assistance in obtaining some datasets, has also been received from the Primary Care Division of the DoHA, the ABS and the ACIR.

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