

Population health profile of the Far North Queensland Rural Division of General Practice

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Population health profile of the Far North Queensland rural Central Sydney 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

of the *Far North Queensland Rural Division of General Practice*

Introduction

This profile has been designed to provide a description of the population of the Far North Queensland Rural 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 19.

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. country Queensland and Australia) and Aboriginal and Torres Strait Islanders elsewhere in Australia. Specific topics covered for the Far North Queensland Rural Division include:

- a socio-demographic profile (pages 2-7)
- GP workforce data (page 8);
- immunisation rates (page 8); and
- rates of premature death (page 9);

Key indicators

Location:	Queensland	
Division number:	417	
Population:	No.	%
Indigenous‡:	22,148	
<25	12,141	54.8%
65+	838	3.8%
Non-Indigenous:	80,873	
<25	25,523	31.6%
65+	10,287	12.7%
Disadvantage score¹:	936	
GP services per head of population:		
Division‡	3.4	
Australia	4.7	
Population per FTE GP:		
Division‡	1,657	
Australia	1,403	
Premature death rate²:		
Division‡	334.6	
Australia	290.4	

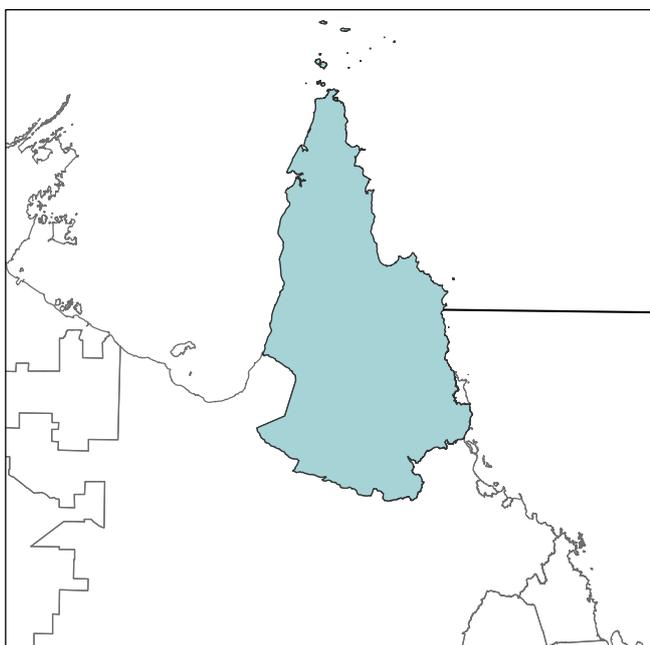
¹ Numbers below 1000 (the index score for Australia) indicate the Division is relatively disadvantaged

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

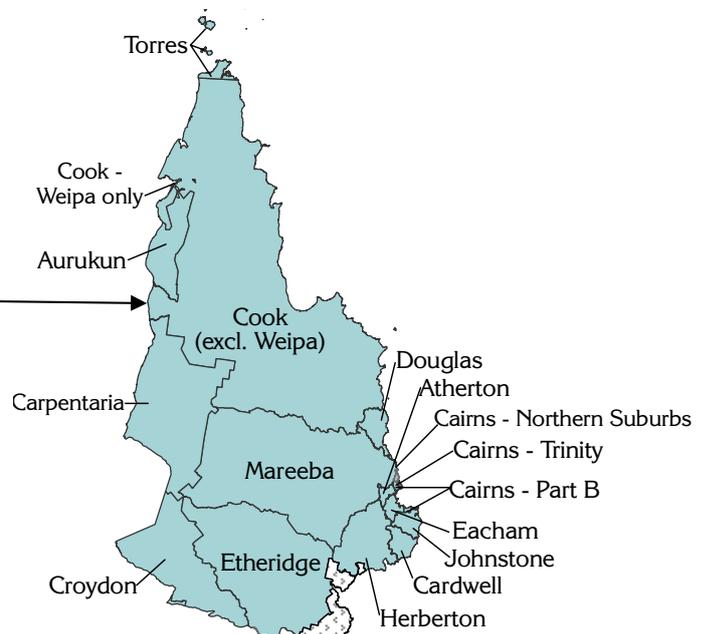
‡ See note “Data converters and mapping” re calculation of Division Total

Far North Queensland Rural Division of General Practice

Queensland Divisions of General Practice



Far North Qld Rural DGP by SLA



Socio-demographic profile

Population

The population figures used here have been adjusted to take account of the estimated under-counting at the 2001 Census of Aboriginal and Torres Strait Islander people.

The Far North Queensland Rural DGP had a population of 98,665 at the 2001 Census. Aboriginal and Torres Strait Islander people comprised almost a quarter (20.9%) of the population of the Division, and had a markedly younger age structure than for the non-Indigenous population in the Division. The bars in the chart for the 0 to 4 years age group clearly show the effect of high Indigenous birth rates in the Division, particularly for males: this gives the chart a triangular shape, other than at the oldest ages, where the proportions increases for males (Figure 1). The very marked drop in the proportion of the Indigenous population between each age group from age five suggests extremely high death rates are occurring from this age group through to 74 years of age.

The profile for the non-Indigenous population (shown by the shapes) is quite different and shows the impact, at younger ages, of a lower birth rate (and, possibly, out-migration for schooling and further education), with higher proportions in the 30 and 40 year age groups, and much smaller reductions in the population at older ages.

Figure 1: Population in Far North Qld Rural by Indigenous status, age and sex, 2001

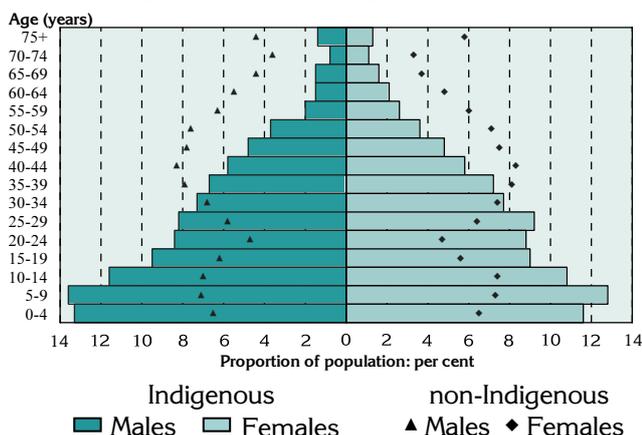
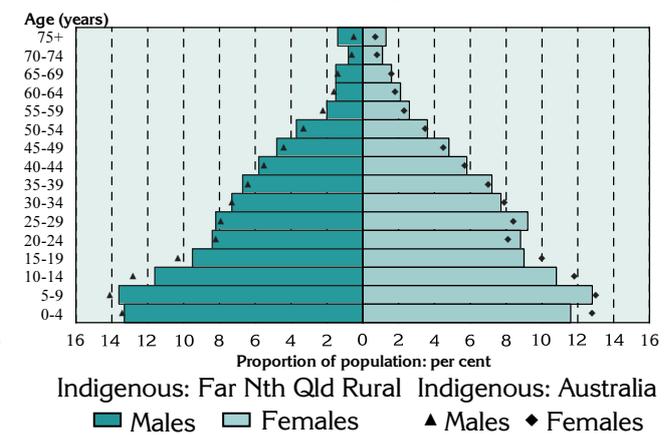


Figure 2: Indigenous population in Far North Qld Rural and Australia, by age and sex, 2001



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

The profile of the Indigenous population in the Division is similar to that for Indigenous people across Australia (Figure 2). The major differences are that the Division has:

- a lower proportion of female children aged 0 to 4 years, and young females 10 to 19 years;
- a lower proportion of male children aged 5 to 14 years and young males aged 15 to 19 years; and
- at older ages – similar proportions, for both males and for females, although with higher proportions in the 70 to 74 years and 75 years and over age groups.

Table 1 provides the data on which the charts in Figures 1 and 2 are based. The data highlight the differences in the age distribution of the Indigenous and non-Indigenous populations in the Far North Queensland Rural DGP and Australia.

Table 1: Population by Indigenous status and age*, Far North Queensland Rural DGP‡ and Australia, 2001

Age group (years)	Far North Qld Rural DGP				Australia			
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous	
	No.	%	No.	%	No.	%	No.	%
0-14	8,161	36.9	16,932	20.9	178,622	39.0	3,807,808	20.1
15-24	3,980	18.0	8,590	10.6	83,942	18.3	2,570,934	13.6
25-44	6,389	28.8	23,773	29.4	128,474	28.0	5,715,858	30.2
45-64	2,779	12.5	21,291	26.3	54,206	11.8	4,435,376	23.4
65-74	544	2.5	6,119	7.6	10,249	2.2	1,310,587	6.9
75+	295	1.3	4,168	5.2	2,768	0.6	1,111,844	5.9
Total	22,148	100.0	80,873	100.0	458,261	100.0	18,952,407	100.0

* Experimental estimates of Aboriginal and Torres Strait Islander people, ABS 2001

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

Over one third (36.8%) of the Indigenous population in Far North Queensland Rural DGP lived in Torres Statistical Local Area (SLA – see page 21), with Cook (excluding Weipa) (11.3%) and Mareeba (10.4%) SLAs comprising a further one fifth of the population (Table 2).

Indigenous people constituted smaller proportions of the population in Johnstone, Cairns - Part B, Douglas, Carpentaria, Aurukun, Herberton, Cardwell, Atherton and other remaining SLAs.

Table 2: Population by Indigenous status*, SLAs in Far North Queensland Rural DGP‡, 2001

Statistical Local Area	Indigenous		Non-Indigenous		Total	
	No.	%	No.	%	No.	%
Torres	8,144	36.8	1,878	2.3	10,022	9.7
Cook (excluding Weipa)	2,510	11.3	2,906	3.6	5,416	5.3
Mareeba	2,310	10.4	15,726	19.4	18,036	17.5
Johnstone	1,727	7.8	17,053	21.1	18,780	18.2
Cairns – Part B	1,229	5.6	2,127	2.6	3,356	3.3
Douglas	1,140	5.1	8,728	10.8	9,867	9.6
Carpentaria	849	3.8	469	0.6	1,318	1.3
Aurukun	773	3.5	81	0.1	854	0.8
Herberton	767	3.5	4,571	5.7	5,338	5.2
Cardwell	675	3.0	7,939	9.8	8,614	8.4
Atherton	615	3.0	10,051	12.4	10,666	10.4
Other	1,408	6.4	9,344	11.6	10,752	10.4
Total	22,148	100.0	80,873	100.0	103,020	100.0

* Experimental estimates of Aboriginal and Torres Strait Islander people, ABS 2001

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

At 30 June 2004 the Estimated Resident Population was 106,225.

Socioeconomic status and Indigenous 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. Where data are available, comparisons are made between the Indigenous and non-Indigenous populations.

At the 2001 Census, 21.4% of the population of the Far North Queensland Rural DGP were estimated to be of Aboriginal or Torres Strait Islander origin, a substantially higher proportion than the Australian average of 2.4% (Figure 3 and Table 3). Of these, 3.1% reported poor proficiency in English (determined when Indigenous people reported in the Census speaking an Aboriginal or Torres Strait Islander language, and speaking English 'not well' or 'not at all'), compared to a lower proportion in country Queensland¹ (0.9%) and a similar proportion in Australia as a whole (3.0%).

The rate of single parent families in the Indigenous population in the Division (25.3%), was similar to that for country Queensland (26.6%), and much higher than the non-Indigenous population (9.9%)

Half (50.2%) of Indigenous 16 year olds living in the Division were involved in full-time secondary school education, compared with a higher 56.8% for the Indigenous population in country Queensland. The participation rate for the non-Indigenous population was markedly higher (77.3%).

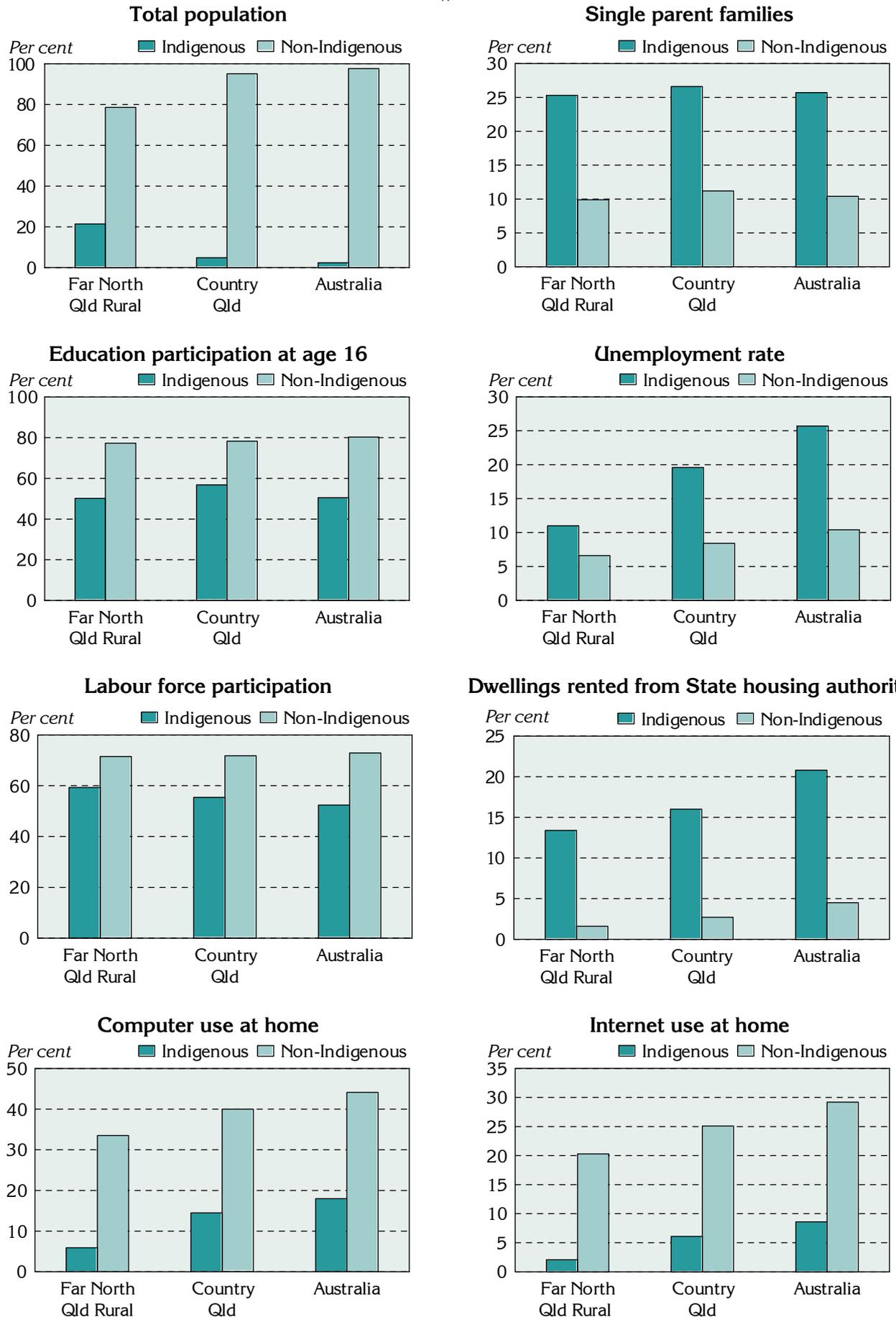
The proportion of the Indigenous population lived in dwellings rented from the State housing authority (13.4%) was higher than the Indigenous rate in country Queensland (16.0%) and much higher than the non-Indigenous population (1.6%). The proportion of the Division's population (Indigenous and non-Indigenous combined) receiving rent assistance from Centrelink (18.2%) was lower than for country Queensland (21.3%).

The proportion of the Division's Indigenous population who reported using a computer at home (5.9%) was much lower than the rate of computer use by the Indigenous population in country Queensland (14.5%), and substantially lower than that for the non-Indigenous population in the Division (33.5%). The rate of home Internet use by the Indigenous population in the Division (2.1%) was lower than the rate for the Indigenous population in country Queensland (6.1%), and substantially lower than for the Division's non-Indigenous population (20.3%).

¹References to 'country Queensland' relate to Queensland excluding the Brisbane Statistical Division

Figure 3: Socio-demographic indicators by Indigenous status, Far North Queensland Rural DGP‡, country Queensland Australia and Australia, 2001

Note the different scales



Note: The 'Total population' figure is based on the experimental estimates of Aboriginal and Torres Strait Islander people; the remaining figures are based on ABS Census data

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

Table 3: Socio-demographic indicators, Far North Queensland Rural DGP‡, country Queensland and Australia, 2001*

Indicator	Far North Qld Rural DGP‡		Country Queensland		Australia	
	No.	%	No.	%	No.	%
Population						
- Indigenous	22,148	21.4	96,267	4.9	458,261	2.4
- Non-Indigenous	80,873	78.6	1,882,257	95.1	18,952,407	97.6
Indigenous with poor proficiency in English ¹	603	3.1	753	0.9	12,208	3.0
Single parent families						
- Indigenous	1,131	25.3	5,495	26.6	26,487	25.8
- Non-Indigenous	2,075	9.9	54,430	11.2	503,382	10.4
Full-time secondary school education at age 16						
- Indigenous	173	50.2	1,041	56.8	5,997	50.5
- Non-Indigenous	811	77.3	20,143	78.3	327,055	80.3
Dwellings rented from State housing authority						
- Indigenous	606	13.4	3,642	16.0	23,974	20.8
- Non-Indigenous	460	1.6	17,056	2.7	284,502	4.5
People who used a computer at home						
- Indigenous	1,157	5.9	12,423	14.5	73,636	18.0
- Non-Indigenous	28,153	33.5	724,438	40.1	7,761,390	44.1
People who used the Internet at home						
- Indigenous	422	2.1	5,261	6.1	35,384	8.6
- Non-Indigenous	17,042	20.3	453,756	25.1	5,135,445	29.2
Households receiving rent assistance	5,969	18.2	145,862	21.3	1,006,599	15.0

¹ Calculated on Indigenous persons who reported speaking an Aboriginal or Torres Strait Islander language and speaking English 'not well' or 'not at all'

Note: The 'Total population' data is based on the experimental estimates of Aboriginal and Torres Strait Islander people; the remaining data are based on ABS Census data

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

Far North Queensland Rural DGP's Indigenous population had a substantially lower unemployment rate (11.0%) than the Indigenous rate for Australia (20.0%): the rate for non-Indigenous population was 6.6% (Figure 3, Table 4). Taking into account the Indigenous population receiving payments as part of the Community Development Employment Projects (CDEP) scheme (effectively an Aboriginal work-for-the-dole scheme), the 'real' Indigenous unemployment rate was a substantially higher 54.7%, notably higher than the 'real' Indigenous unemployment rates in country Queensland (37.4%) and Australia (34.2%).

Table 4: Unemployment and labour force participation, Far North Queensland Rural DGP‡, country Queensland and Australia, 2001

Labour force indicators	Far North Qld Rural DGP‡		Country Queensland		Australia	
	No.	%	No.	%	No.	%
Unemployment rate						
- Indigenous	762	11.0	5,335	19.6	24,930	20.0
- Non-Indigenous	2,645	6.6	71,885	8.4	624,337	7.3
Labour force participation (incl. CDEP as employed)						
- Indigenous	6,915	59.3	27,155	55.4	124,517	52.4
- Non-Indigenous	39,961	71.5	854,115	71.8	8,609,525	72.9
Female labour force participation (incl. CDEP as employed)						
- Indigenous	2,828	53.2	11,395	48.8	52,981	46.6
- Non-Indigenous	15,391	70.7	345,139	69.2	3,564,409	69.8
Indigenous unemployment rate (incl. CDEP)						
- excluding CDEP	762	11.0	5,335	19.6	24,930	20.0
- CDEP	3,022	43.7	4,822	17.8	17,662	14.2
- Total (including CDEP)	3,784	54.7	10,157	37.4	42,592	34.2

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

Labour force participation in the Division (in this case with those under the CDEP counted as employed) was lower for the Indigenous population (58.4%) compared to the non-Indigenous population (71.4%) (Table 4). The female labour force participation rate was also lower (51.7%) compared to the rate for the non-Indigenous population (70.6%).

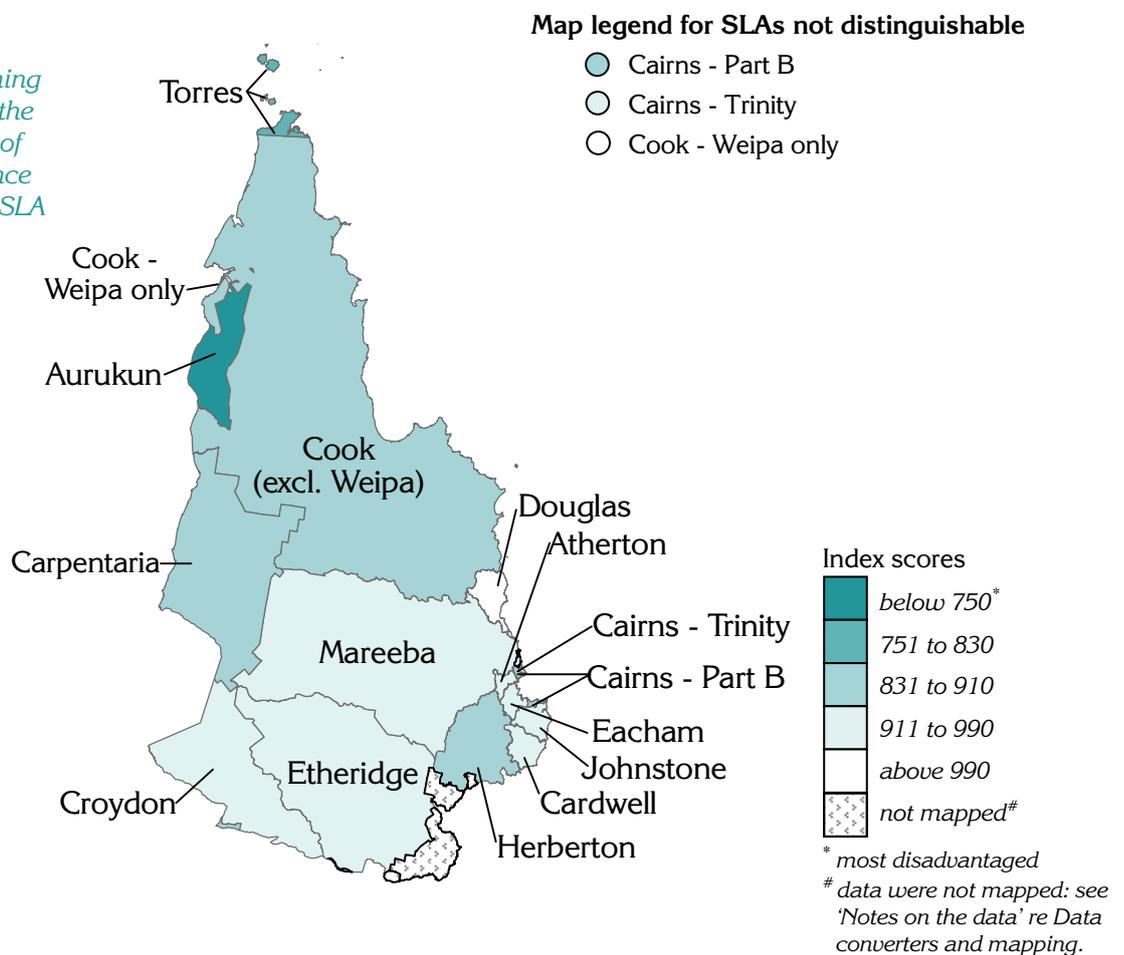
Summary of the socioeconomic ranking of the Far North Queensland Rural DGP

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 Far North Queensland Rural DGP are shown in the supporting information, Table 13, page 20: SLAs are described under data sources, page 21.

The Far North Queensland Rural DGP area's SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score from the 2001 Census is 936, 6.4% below the average score for Australia (1000) and below that for country Queensland (978); this highlights the relatively low socioeconomic status profile of the Division's population. Variations in the IRSD within the Division are shown at the SLA level in Map 1.

Map 1: Index of Relative Socio-Economic Disadvantage by SLA, Far North Queensland Rural DGP, 2001

See 'Notes on the data' 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 63.9 full-time equivalent (FTE) GPs and 70.4 full-workload equivalent (FWE²) GPs worked in the Division in 2003/04 (Table 5). Of the FWE GPs, 26.7% were female, and 21.7% were over 55 years of age (compared to 26.7% and 25.2%, respectively, for Queensland).

Apart from the day-time population, the rates of population per FTE GP varied, depending on the population measure used, from a high of 1,702 people per GP (calculated on the 1 August 2001 Census count – all people counted in the Division on Census night, including visitors from Australia and overseas), to a low of 1,581 people per GP (calculated on the 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 1,436 (calculated on the URP) to 1,545 (calculated on the Census count). When calculated on the estimated day-time population, the rates of population in the Division were 1.3% below those calculated on the URP.

Based on the ERP, the rates of population per GP in Far North Queensland Rural DGP were notably higher than the rates for Queensland and Australia, indicating a much lower level of provision of GP services in the Division.

Table 5: Population per GP in Far North Queensland Rural DGP, Queensland and Australia, 2003/04

Population measure	Population	GPs		Population per GP	
		FTE	FWE	FTE	FWE
Far North Qld Rural DGP					
Census count (adjusted)*	108,747	63.9	70.4	1,702	1,545
Usual Resident Population (URP) (adjusted)*	101,031	..	..	1,581	1,436
Estimated Resident Population (ERP)	105,895	..	..	1,657	1,505
Day-time population (estimated on URP) ‡	99,741	..	..	1,561	1,417
Queensland (ERP)	3,841,538	2,739	3,256	1,403	1,180
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 92.7% of children in the Division in 2002 were fully immunised at age one, 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. Two fifths of children (41.1%) were immunised by a general practitioner, with a similar proportion (41.2%) immunised at a community health centre, or by a community health worker, and 15.8% immunised at a public hospital.

Table 6: Childhood immunisation at ages 0 to 6 by provider type, Far North Queensland Rural DGP and Australia, 2003/04

Provider	Far North Qld	Australia
	Rural DGP	
	%	%
General practitioners	41.1	70.0
Local government council	0.0	16.6
Community health centre/ worker	41.2	9.8
Public hospital	15.8	2.1
Aboriginal health service/ worker	1.8	0.9
Other*	0.1	0.6
Total: Per cent	100.0	100.0
Number	27,208	3,843,610

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

² 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 (334.6 deaths per 100,000 population) is markedly higher than for country Queensland (278.5) and 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.

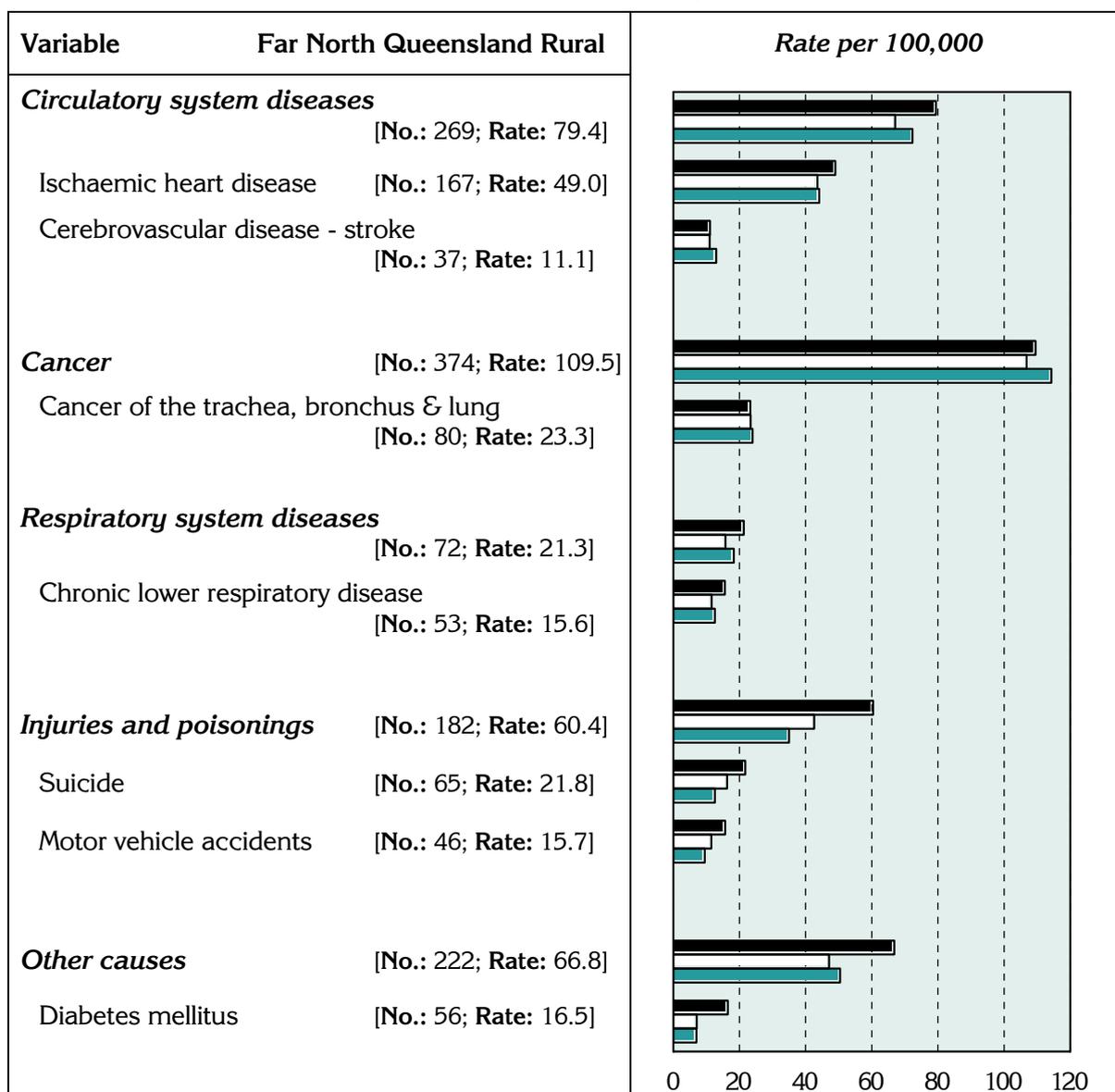
The major causes of premature mortality in the Division, as for country Queensland and Australia as a whole, are cancer and diseases of the circulatory system (Figure 4). With the exception of cancer and cerebrovascular disease – stroke, death rates in the Division for the major conditions and selected causes (in particular injuries and poisonings, and the 'other causes' group) were higher than those for Australia, and higher than for country Queensland.

The data on which the following chart is based are in Table 16.

Figure 4: Deaths before 75 years of age, by major condition group and selected cause, Far North Queensland Rural DGP‡, country Queensland and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

■ Far North Qld Rural DGP □ Country Qld ■ 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 in non-remote areas of Far North Queensland Rural DGP

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 (Map 2) and risk factors (Map 4), and two summary measures of health (Map 3) are shown for non-remote SLAs in the Division: the estimates have not been made for the whole Division as only the SLAs mapped were included in the 2001 National Health Survey.

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, page 18.

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.

Estimates of the prevalence of chronic diseases and risk factors

Estimates of chronic disease and associated risk factors have been made for Divisions largely characterised as urban or regional. These estimates are not available for Divisions in the remote areas of Australia (as defined by DoHA – see Data sources, page 17), as the data on which the estimates were calculated (the 2001 National Health Survey) were not collected in remote areas.

It may, however, be possible to produce these estimates for all Divisions when the 2004-05 Indigenous Health Survey and National Health Survey results become available in 2006, as these surveys covered the remote areas with relatively large sample sizes.

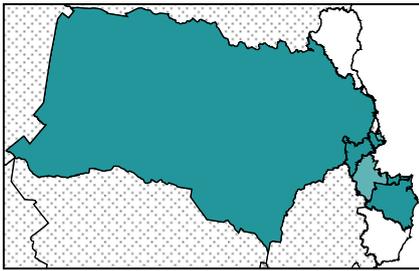
Users should note that the estimates shown in the following maps for part SLAs in the Division represent the estimates for the whole SLA, and not just the part shown: Table 15, page 21, shows the percentage of the SLA population in the Division. However, SLAs with only a small proportion of their population 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, non-remote areas, Far North Queensland Rural DGP, 2001

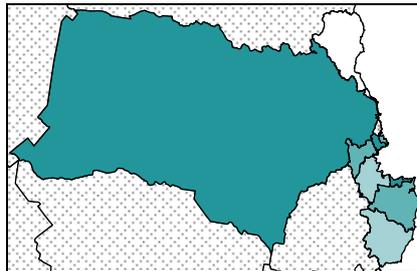


Map 3: Estimates* of measures of self-reported health by SLA, non-remote areas, Far North Queensland Rural DGP, 2001

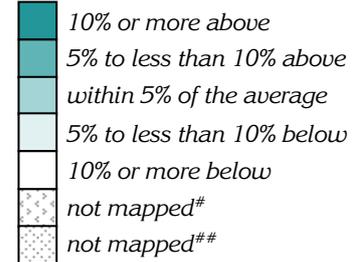
Very high psychological distress levels [K-10¹] (18+ years)



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



Per cent difference from Australian average

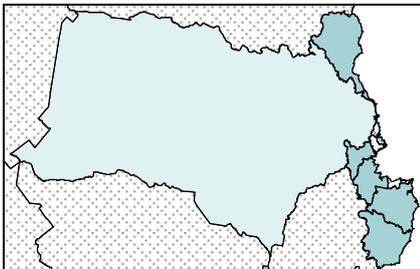


¹ Kessler 10

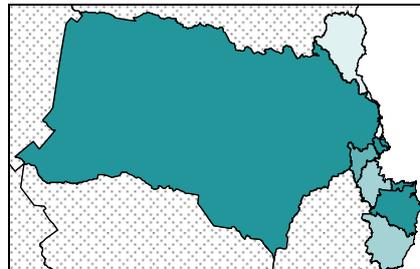
* See Notes on the data re these estimates.
Data not mapped: see 'Data converters and mapping' section under Notes on the data.
Estimates not available for remote areas

Map 4: Estimates* of selected risk factors by SLA, non-remote areas, Far North Queensland Rural DGP, 2001

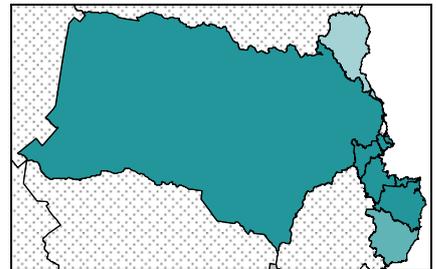
Overweight (not obese) males (15+ years)



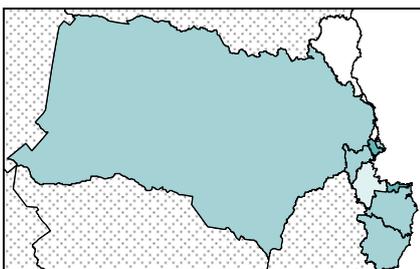
Obese males (15+ years)



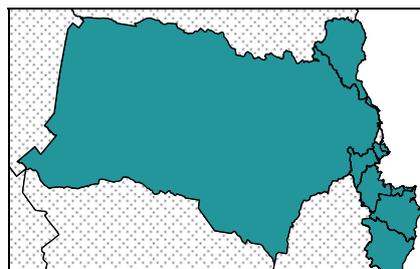
Overweight (not obese) females (15+ years)



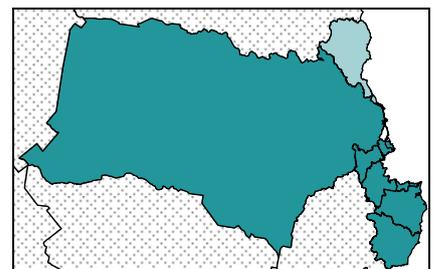
Obese females (15+ years)



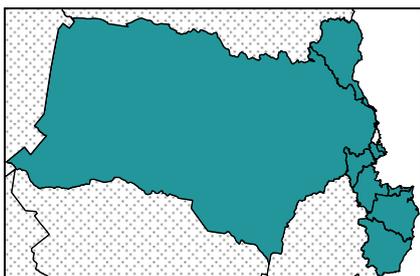
Smokers (18+ years)



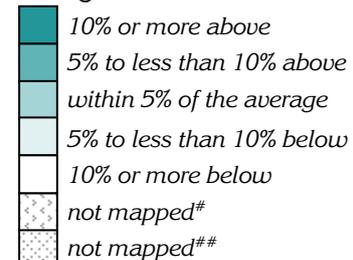
Physical inactivity (15+ years)



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



Per cent difference from Australian average



* See Notes on the data re these estimates.
Data not mapped: see 'Data converters and mapping' section under Notes on the data.
Estimates not available for remote areas

Health and wellbeing of Aboriginal and Torres Strait Islanders in remote areas

Background

Estimates of the prevalence of chronic diseases and risk factors are not available for the remote areas in this Division. However, given the relatively high proportion of Indigenous population in the Division, some data available from the 2002 National Aboriginal and Torres Strait Islander Social Survey and the 2001 National Health Survey have been included in this profile. These data provide a description of aspects of the health and wellbeing of Aboriginal and Torres Strait Islander people living in remote areas; in some cases they also allow for a comparison of aspects of the health of Indigenous and non-Indigenous populations and, in others, for a comparison of people living in remote and non-remote areas. More detailed disaggregations than those shown here (eg. for the non-Indigenous population in remote areas) were not available from these surveys.

Remote areas in this context cover 86.4% of Australia's landmass; and, while they comprise just 3.0% of the total population, 28.0% of the Indigenous population live in these areas. The Far North Queensland Rural Division is classed as partly Remote under the ARIA+ remoteness classification (see *Notes on the data*, page 17); under this classification approximately 8.0% of the Division is classed as Remote, and 19.0% as Very Remote, with the majority of the population (approximately 73.0%) living in areas classed as Moderately Accessible or Accessible.

Although these data can provide a guide to average levels of health and wellbeing in the Division, they should not be read to say that Indigenous health and wellbeing in the Far North Queensland DGP is the same as is shown by these data. Clearly, the large area of Australia covered by this term 'remote' is very diverse in nature: it includes a range of population groups, living in a range of situations, from urban to rural to isolated communities. Other data are available from a variety of sources (including State and Territory health agencies) and those of relevance to Divisions could be included in subsequent editions of the profiles.

National Aboriginal and Torres Strait Islander Social Survey and Health Survey

The data in this section are from the ABS publications 2001 National Health Survey and National Aboriginal and Torres Strait Islander Social Survey, Australia, 2002 (or were provided by the ABS as special data extractions from data in this survey). The data are self-reported and are not based on clinical records or physical measures.

Just over half (54.2%) of the Indigenous population in the remote areas of Australia reported speaking an Indigenous language. Those in the lowest income group were almost two and a half times more likely (than those in the three highest income groups) to do so: for ease of reading, these income groups are referred to in the text below as 'low' and 'high'. The difference in this characteristic between people in remote and non-remote areas is over six times (6.3). Note that almost one quarter (23.6%) of Aboriginal and Torres Strait Islander people in the remote areas did not have an income defined in the NHS, so were not included in the comparisons by income group. For almost all of the characteristics in Table 7, the outcome for those where an income was not defined showed poorer health, or greater disadvantage, than those for whom income was available. For example, Indigenous people living in remote areas and for whom an income was not available were 37% more likely (than those reporting an income) to speak an Indigenous language (a rate ratio of 1.37).

The information in Table 7 has been restricted to show the rate (proportion) for the remote areas only, and the rate ratios between income groups and the remote and non-remote areas: the data from which the rate ratios have been calculated are available on the PHIDU web site.

Table 7: Summary characteristics of Aboriginal and Torres Strait Islander people, by remoteness and income group, Australia, 2002

Characteristic	Remote areas	Low income cf. with high income (RR*)		Remote cf. with non-remote (RR**)
	Per cent	Remote	Non-remote	
Family and culture				
Able to get support in time of crisis from outside household	86.9	0.99	0.93	0.95
At least one stressor experienced in last 12 months	85.5	1.09	1.03	1.06
Speaks an Indigenous language	54.2	2.45	1.69	6.30
Health and disability				
Self-assessed health status				
Excellent/very good	44.2	0.94	0.66	1.00
Fair/poor	20.0	1.25	2.34	0.82
Disability or long term health condition	35.4	1.30	1.64	0.96
Risk behaviour/characteristic				
Current daily smoker	50.4	1.16	1.66	1.05
Risky/high risk alcohol consumption in last 12 months	16.8	0.81	0.97	1.16
Educational attainment				
Has a post-school qualification	18.1	0.36	0.47	0.57
Does not have a post-school qualification				
Completed Year 12	9.0	0.72	0.31	0.83
Completed Year 10 or Year 11	27.8	0.97	1.34	1.01
Completed Year 9 or below, or did not attend	45.1	2.06	3.01	1.51
Total with no post-school qualification	81.9	1.35	1.44	1.20
Employment				
Employed: CDEP				
Non-CDEP	19.2	0.11	0.12	0.48
Total employed	51.7	0.39	0.17	1.17
Unemployed	5.9	4.52	3.38	0.35
Not in the labour force	42.5	3.91	4.99	1.09
Financial stress				
Unable to raise \$2,000 in a week for something important	73.0	2.02	3.55	1.54
Law and justice				
Victim of physical, threatened violence in last 12 months	22.7	0.89	1.82	0.91
Transport access				
Can easily get to the places needed	65.6	0.74	0.71	0.91
Cannot, or often has difficulty, getting to places needed	16.6	3.96	3.31	1.69
Mobility				
Moved dwellings in last 12 months	27.2	0.80	1.26	0.84
Information technology				
Used computer in last 12 months	34.4	0.45	0.63	0.54
Accessed the Internet in last 12 months	21.6	0.37	0.50	0.45

* RR is ratio of the rate for the 20% of the Indigenous population with the lowest income to the rate for the 60% with the highest income

** RR is ratio of the rate for the Indigenous population in the remote areas compared to that in the non-remote areas

Source: ABS 2002 NATSIS, 2002 (unpublished data)

The relevance of the measure of self-reported health for Aboriginal and Torres Strait Islander people has been questioned. For example, while 20% of Aboriginal and Torres Strait Islander people in the remote areas reported their health to be fair or poor, this was 18% fewer than in the non-remote areas, a finding that would not appear to be supported by other data.

Despite this result, there is a variation within the remote areas, with low income Aboriginal and Torres Strait Islander people 25% more likely than those with a high income to report their health as fair, or poor (a rate ratio of 1.25).

In the remote areas, disability and smoking (reported by 35.4% and 50.4%, respectively) show a relationship with disadvantage (higher rates in low, compared with high, income groups), but risky/high risk levels of alcohol consumption over the previous 12 months do not. However, reported rates of alcohol consumption at high-risk levels (reported by 16.8%) are 16% higher in remote than in non-remote areas.

Similarly, there is a clear association for Aboriginal and Torres Strait Islander people between high levels of educational attainment and income. For example, Aboriginal and Torres Strait Islander people in the low income group were more likely to report having no post-school qualifications (ie. no qualification beyond secondary school) (35% higher for low income than high income groups); and those in remote areas 20% higher compared with those in non-remote areas.

Not surprisingly, the employment rate (including CDEP) is extremely strongly related to income levels, with 61% fewer in the low income group having employment (a rate ratio of 39%) in remote areas: conversely, four and a half times the number in the low income group are unemployed, compared with the high income group. Similarly striking differentials apply in the non-remote areas.

The impact of disadvantage among Aboriginal and Torres Strait Islander people in remote areas is evident in a number of the remaining variables, with almost three quarters (73.0%) unable to raise \$2,000 in a week for something important, two thirds (65.6%) reporting difficulty with transport and high proportions reporting lack of access to a computer and the Internet.

Reporting by Aboriginal and Torres Strait Islander people of selected long-term conditions (Table 8) is generally higher in remote than non-remote areas; the differentials for a number of conditions are even larger between the Indigenous and non-Indigenous populations. The impacts on the Indigenous community of diabetes and circulatory problems/ diseases are examples of these differences. The situation is similar for health-related actions, with the notable exception of doctor consultations, which are 11% lower in remote areas than non-remote areas for the Indigenous population; however, the Indigenous population across Australia as a whole reported more doctor consultations than did the non-Indigenous population.

Table 8: Summary health characteristics, by Indigenous status and remoteness, Australia, 2001

Age standardised rates (as per cent)

Health characteristic	Indigenous		RR*	Non-Indigenous	RR**
	Remote	Non-remote		Total	
Selected long-term conditions					
Diabetes	16	9	1.78	3	3.67
Eye/sight problems	38	49	0.78	51	0.90
Ear/hearing problems	17	18	0.94	14	1.29
Circulatory problems/diseases	24	18	1.33 [#]	17 [#]	1.12 [#]
Asthma	15	18	0.83	12	1.42
Back problems	21	22	0.95 [#]	21 [#]	1.05
No long-term condition	29	20	1.45 [#]	22 [#]	1.00
Health-related actions¹					
Admitted to hospital	21	19	1.11	12	1.67
Visited casualty/outpatients	9	5	1.80	3	2.00
Doctor consultation (GP and/or specialist)	24	27	0.89 [#]	24 [#]	1.13
Dental consultation	7	5	1.40 [#]	6 [#]	0.83
Consultation with other health professional	27	16	1.69	13	1.38
Day(s) away from work/study	11	9	1.22 [#]	10 [#]	1.00

* RR is ratio of % in remote to % in non-remote for the Indigenous population

** RR is ratio of % Indigenous to % non-Indigenous

[#] Difference between total Indigenous and non-Indigenous data is not statistically significant

¹ Hospital admissions relate to the 12 months prior to interview. All other health-related actions relate to the two weeks prior to interview

Source: ABS 2001 NHS Cat. No. 4714.0, Table 1

Details of the immunisation status of adult Australians are not available from administrative sources (as are children's immunisations) so self-reported data again provide the only picture of the characteristics of the population groups who are immunised against various conditions (Table 9).

Aboriginal and Torres Strait Islander people living in remote areas were 67% more likely than those living in non-remote areas to have reported having a vaccination for influenza in last 12 months; and overall (the Indigenous population living in remote and non-remote areas) were 9% more likely to have had this vaccination than the non-Indigenous population. The ratio of the rates for those reporting having a vaccination for pneumonia in last 12 months were substantially stronger, being 2.53 (more than two and a half times higher for Indigenous population in remote areas) and 1.79 (79% higher for Indigenous compared with non-Indigenous).

Table 9: Immunisation status of people aged 50 years and over, by Indigenous status and remoteness, Australia, 2001

Per cent

Immunisation status	Indigenous				Non-Indigenous	
	Remote	Non-remote	Total	RR*	Total	RR**
Influenza						
Had vaccination for influenza in last 12 months	75	45	51	1.67	47	1.09
Had vaccination for influenza but not in last 12 mths	na	11	10	..	11	1.10
Never had vaccination for influenza	16 [#]	43	37	0.37	41	0.90
Pneumonia						
Had vaccination for pneumonia in last 5 years	48	19	25	2.53	14	1.79
Had vaccination for pneumonia but not in last 5 years	na	4 [#]	3 [#]	..	1	..
Never had vaccination for pneumonia	38	75	67	0.51	84	0.80

* RR is ratio of % in remote to % in non-remote for the Indigenous population

** RR is ratio of % Indigenous to % non-Indigenous

[#] estimate has a relative standard error of between 25% to 50% and should be used with caution

Source: ABS 2001 NHS Cat. No. 4714.0, Table 19

The limited range of health information available for Aboriginal and Torres Strait Islander women living in remote areas shows that they are more likely (than Indigenous women in non-remote areas) to have breastfed their child (77% and 59%, respectively) (and also more likely than the non-Indigenous population (53%)). Lower proportions also reported not having children (Table 10). Indigenous women are more likely to have had a Pap smear test. However, Indigenous women who reported having a Pap smear test were more likely to be living in remote than in non-remote areas (17% higher).

Table 10: Summary women's health characteristics, by Indigenous status and remoteness, Australia, 2001

Age standardised rates (as per cent)

Women's health characteristics	Indigenous				Non-Indigenous	
	Remote	Non-remote	Total	RR*	Total	RR**
Mammograms (aged 40 years and over)						
Has regular mammograms	36 [#]	45	43	0.80	46	0.93
Never had a mammogram	41	20	25	2.05	25	1.00
Pap Smear test						
Has regular Pap smear tests	56	48	50	1.17	55	0.91
Never had a Pap smear test	19	8	11	2.38	12	0.92
Breastfeeding history						
Children breastfed	77	59	63	1.31	53	1.19
Children not breastfed	4 [#]	12	11	0.33	9	1.22
Has not had children	13	15	14	0.87	29	0.48

* RR is ratio of % in remote to % in non-remote for the Indigenous population

** RR is ratio of % Indigenous to % non-Indigenous

[#] estimate has a relative standard error of between 25% to 50% and should be used with caution

Source: ABS 2001 NHS Cat. No. 4714.0, Table 22

Notes on the data

Data sources and limitations

General

References to 'country Queensland' relate to Queensland, excluding Brisbane Statistical Division.

Remote areas

The Department of Health and Ageing have developed a classification of remoteness (ARIA+), subsequently amended by the ABS, which includes five area classes - Highly Accessible, Accessible, Moderately Accessible, Remote and Very Remote (a sixth category, Migratory, applies to Census data). Areas in the Remote and Very Remote classes were excluded from the 2001 National Health Survey.

Data sources

Table 11 details the data sources for the material presented in this profile.

Table 11: 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; Tables 1 and 2	Data were extracted by postal area from the ABS Population Census 2001, except for the following indicators:
Figure 3, Tables 3 and 4	Data were extracted from the ABS Population Census 2001, except for the following indicators: - <i>Total population</i> – Experimental estimates, 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)
Map 1; Table 13	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 ¹ , ABS Population Census 2001, scaled to 2003/04 - Usual Resident Population ² , ABS Population Census 2001, scaled to 2003/04 - Day-time population: calculated from journey to work data, ABS Population Census (JRP) 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 4; Table 16	ABS Deaths, 2000 to 2002 (unpublished)
National Aboriginal and Torres Strait Islander Social Survey and Health Survey	
Table 7	ABS 2002 NATSIS, 2002 (unpublished)
Tables 8, 9 and 10	ABS 2001 NHS Cat. No. 4714.0 – Tables 1, 19 and 22

¹ *Census count* - those counted in the Division on Census night, including tourists, business people and other visitors

² *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

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 12 includes notes relevant to this data.

Table 12: Notes on estimates of chronic diseases and associated risk factors

Indicator	Notes on the data
Estimates of chronic disease and injury (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 (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 (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*

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 14).

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 PHIDI 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 15.

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 13) 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 Far North Queensland Rural DGP are shown below (Table 13).

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 13: SEIFA scores by SLA, Far North Queensland Rural DGP, 2001

SLA code	SLA name (% per cent of SLA in the Division)	Index score			
		Disadvantage	Advantage	Economic Resources	Education & Occupation
30200	Atherton (100.0)	984	956	943	966
30250	Aurukun (78.0)	472	831	896	816
32074	Cairns - Trinity (2.3)	976	963	986	948
32078	Cairns - Part B (48.1)	872	892	911	885
32200	Cardwell (80.8)	961	924	938	922
32250	Carpentaria (33.5)	882	928	956	919
32501	Cook (excl. Weipa) (82.9)	867	908	900	931
32504	Cook - Weipa only (100.0)	1023	1085	1163	974
32600	Croydon (78.0)	912	918	922	911
32800	Douglas (91.0)	1036	1016	1005	1029
32900	Eacham (100.0)	975	936	904	965
33100	Etheridge (91.0)	979	933	924	924
33700	Herberton (100.0)	895	869	853	904
34150	Johnstone (96.5)	944	916	927	915
34850	Mareeba (97.6)	950	926	911	946
35250	<i>Mornington</i> (78.0)	595	851	882	857
36950	Torres (100.0)	773	910	916	922

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

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 15)

Statistical geography of the Northern & Western Queensland DGP

The Far North Queensland DGP covers 252,873 square kilometres, based on 2001 SLA data.

The postcodes in the Division (as per the Department of Health and Ageing website) are shown below (Table 14).

Table 14: Postcodes in Far North Queensland Rural 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*
4852	100	4860	100	4876	100
4854	100	4871	78	4880	100
4855	100	4872	100	4882	100
4856	100	4873	100	4883	100
4857	100	4874	100	4885	100
4858	100	4875	100	4886	100
4859	100	4806	100	4830	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, Cook is comprised of two SLAs, Cook (excluding Weipa) and Cook-Weipa only. These SLAs, and all or part of the other SLAs listed in Table 15, comprise the Division.

Table 15: SLAs in Far North Queensland Rural 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
30200	Atherton	100.0	11,011
30250	Aurukun	78.0	911
32072	Cairns - Northern Suburbs	0.2	#
32074	Cairns - Trinity	2.3	752
32078	Cairns - Part B	48.1	3,447
32200	Cardwell	80.8	9,089
32250	Carpentaria	33.5	1,375
32501	Cook (excluding Weipa)	82.9	5,752
32504	Cook - Weipa only	100.0	1,927
32600	Croydon	78.0	223
32800	Douglas	91.0	10,626
32900	Eacham	100.0	6,415
33100	Etheridge	78.0	787
33700	Herberton	100.0	5,517
34150	Johnstone	96.5	18,877
34850	Mareeba	97.6	18,240
35250	<i>Mornington (Qld)</i>	78.0	814
36950	Torres	100.0	10,425

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

Not shown as the total population is less than 100

Supporting data

The data used in Figure 4 to illustrate the rates of premature mortality in the Division are shown below in Table 16.

Table 16: Deaths before 75 years of age by major condition group and selected cause, Far North Queensland Rural DGP‡, country Queensland and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

Variable	Far North Qld Rural DGP‡		Country Qld		Australia	
	No.	Rate	No.	Rate	No.	Rate
Circulatory system diseases	269	79.4	4,146	67.1	38,357	72.3
Ischaemic heart disease	167	49.0	2,705	43.6	23,364	44.1
Cerebrovascular disease – stroke	37	11.1	681	11.0	6,920	13.0
Cancer	374	109.5	6,591	106.8	60,603	114.3
Cancer of the trachea, bronchus & lung	80	23.3	1,460	23.4	12,715	24.0
Respiratory system diseases	72	21.3	984	15.8	9,726	18.3
Chronic lower respiratory disease	53	15.6	725	11.6	6,657	12.6
Injuries and poisonings	182	60.4	2,377	42.6	18,573	35.0
Suicide	65	21.8	907	16.3	6,706	12.6
Motor vehicle accidents	46	15.7	635	11.5	5,014	9.5
Other causes	222	66.8	2,829	47.1	26,735	50.4
Diabetes mellitus	56	16.5	442	7.1	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

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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

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